

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Allstate Insurance Company PAC

ADDRESS (number and street)

2775 Sanders Road Suite A5

☐Check if different
than previously
reported. (ACC)

Northbrook

IL

60062

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00040253

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

09

01

2007

through

09

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven C. Verney

Signature of Treasurer

Electronically Filed by Steven C. Verney

Date

10

09

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Allstate Insurance Company PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2007		127951.82
(b) Cash on Hand at Beginning of Reporting Period	198716.10	
(c) Total Receipts (from Line 19)	28922.02	287275.29
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	227638.12	415227.11
7. Total Disbursements (from Line 31)	53891.46	241480.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	173746.66	173746.66
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Allstate Insurance Company PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	27776.36	198960.75
(i) Itemized (use Schedule A)		
(ii) Unitemized	1138.63	87466.32
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	28914.99	286427.07
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	28914.99	286427.07
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	813.30
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	7.03	34.92
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	28922.02	287275.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28922.02	287275.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	141.46	980.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	141.46	980.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21500.00	106000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	32250.00	134500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	53891.46	241480.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	53891.46	241480.45

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	28914.99	286427.07
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28914.99	286427.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	141.46	980.45
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	813.30
38. Net Operating Expenditures (subtract Line 37 from Line 36)	141.46	167.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
REBECCA A ABEL

Mailing Address 657 CORAL COURT

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.20

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692546

Amount of Each Receipt this Period

21.80

B. Full Name (Last, First, Middle Initial)
REBECCA A ABEL

Mailing Address 657 CORAL COURT

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692997

Amount of Each Receipt this Period

21.80

C. Full Name (Last, First, Middle Initial)
ERNEST D ADAMS

Mailing Address 33934 N TREELINE CT

City State Zip Code
GAGES LAKE IL 60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

358.44

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692264

Amount of Each Receipt this Period

19.06

SUBTOTAL of Receipts This Page (optional)

62.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

ERNEST D ADAMS

Mailing Address 33934 N TREELINE CT

City State Zip Code
 GAGES LAKE IL 60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.50

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692716

Amount of Each Receipt this Period

19.06

B. Full Name (Last, First, Middle Initial)

JONES G ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code
 LAKE VILLA IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.54

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692469

Amount of Each Receipt this Period

31.75

C. Full Name (Last, First, Middle Initial)

JONES G ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code
 LAKE VILLA IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

594.29

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692920

Amount of Each Receipt this Period

31.75

SUBTOTAL of Receipts This Page (optional)

82.56

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
LORAL ADUKEH
Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code
LAKE VILLA IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

586.60

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692532

Amount of Each Receipt this Period

31.15

B. Full Name (Last, First, Middle Initial)
LORAL ADUKEH
Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code
LAKE VILLA IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

617.75

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692983

Amount of Each Receipt this Period

31.15

C. Full Name (Last, First, Middle Initial)
MICHAEL W AGAR
Mailing Address 200 W MILL VALLEY DR

City State Zip Code
COLLEYVILLE TX 76034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.65

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692439

Amount of Each Receipt this Period

16.35

SUBTOTAL of Receipts This Page (optional)

78.65

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MICHAEL W AGAR
Mailing Address 200 W MILL VALLEY DR

City State Zip Code
COLLEYVILLE TX 76034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692890

Amount of Each Receipt this Period

16.35

B. Full Name (Last, First, Middle Initial)
PATRICIA A AITKEN
Mailing Address 1245 CARIBOU LANE

City State Zip Code
HOFFMAN ESTATES IL 60192

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.68

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692297

Amount of Each Receipt this Period

20.52

C. Full Name (Last, First, Middle Initial)
PATRICIA A AITKEN
Mailing Address 1245 CARIBOU LANE

City State Zip Code
HOFFMAN ESTATES IL 60192

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.20

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692749

Amount of Each Receipt this Period

20.52

SUBTOTAL of Receipts This Page (optional)

57.39

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ROBERT S ALLEN

Mailing Address 244 ELM ROAD

City State Zip Code
 BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.64

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692171

Amount of Each Receipt this Period

27.83

Full Name (Last, First, Middle Initial)

B. ROBERT S ALLEN

Mailing Address 244 ELM ROAD

City State Zip Code
 BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.47

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692624

Amount of Each Receipt this Period

27.83

Full Name (Last, First, Middle Initial)

C. JOHN M ANDERSON

Mailing Address 1432 S. 10TH ST.

City State Zip Code
 ST. CHARLES IL 60174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Marketing Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.46

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692440

Amount of Each Receipt this Period

11.89

SUBTOTAL of Receipts This Page (optional)

67.55

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN M ANDERSON

Mailing Address 1432 S. 10TH ST.

City State Zip Code
 ST. CHARLES IL 60174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Marketing Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.35

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692891

Amount of Each Receipt this Period

11.89

Full Name (Last, First, Middle Initial)

B. WILLIAM H AYO

Mailing Address 1009 LAKE RIDGE DR.

City State Zip Code
 SAFETY HARBOR FL 34695

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.65

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692249

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

C. WILLIAM H AYO

Mailing Address 1009 LAKE RIDGE DR.

City State Zip Code
 SAFETY HARBOR FL 34695

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692701

Amount of Each Receipt this Period

16.35

SUBTOTAL of Receipts This Page (optional)

44.59

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN P BADER

Mailing Address 438 MITCHELL DRIVE

City State Zip Code
 GRAYS LAKE IL 60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP Enterprise Infrastruct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1264.26

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692139

Amount of Each Receipt this Period

67.73

Full Name (Last, First, Middle Initial)

B. JOHN P BADER

Mailing Address 438 MITCHELL DRIVE

City State Zip Code
 GRAYS LAKE IL 60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP Enterprise Infrastruct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1331.99

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692592

Amount of Each Receipt this Period

67.73

Full Name (Last, First, Middle Initial)

C. CHARLES C BAGGS

Mailing Address 4435 SWILCAN BRIDGE LANE N

City State Zip Code
 JACKSONVILLE FL 32224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP-Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

574.22

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692236

Amount of Each Receipt this Period

30.55

SUBTOTAL of Receipts This Page (optional)

166.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. CHARLES C BAGGS

Full Name (Last, First, Middle Initial)

Mailing Address 4435 SWILCAN BRIDGE LANE N

City State Zip Code
 JACKSONVILLE FL 32224

FEC ID number of contributing federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP-Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

604.77

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692689

Amount of Each Receipt this Period

30.55

B. DIANE G BAKER

Full Name (Last, First, Middle Initial)

Mailing Address 120 EAST SHERIDAN RD

City State Zip Code
 LAKE BLUFF IL 60044

FEC ID number of contributing federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP-PRODUCT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

919.84

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692232

Amount of Each Receipt this Period

49.61

C. DIANE G BAKER

Full Name (Last, First, Middle Initial)

Mailing Address 120 EAST SHERIDAN RD

City State Zip Code
 LAKE BLUFF IL 60044

FEC ID number of contributing federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP-PRODUCT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

969.45

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692685

Amount of Each Receipt this Period

49.61

SUBTOTAL of Receipts This Page (optional)

129.77

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ALEXANDRA BALATSOUKAS

Mailing Address 992 WEEPING WAY LANE

City State Zip Code
 AVON IN 46123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.79

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692442

Amount of Each Receipt this Period

25.86

Full Name (Last, First, Middle Initial)

B. ALEXANDRA BALATSOUKAS

Mailing Address 992 WEEPING WAY LANE

City State Zip Code
 AVON IN 46123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.65

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692893

Amount of Each Receipt this Period

25.86

Full Name (Last, First, Middle Initial)

C. GARRY J BALLEK

Mailing Address 1013 MASON LANE

City State Zip Code
 LAKE IN THE HIL IL 60156

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Unclassified Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.72

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692365

Amount of Each Receipt this Period

18.98

SUBTOTAL of Receipts This Page (optional)

70.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
GARRY J BALLEK
Mailing Address 1013 MASON LANE

City State Zip Code
LAKE IN THE HIL IL 60156

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Unclassified Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.70

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692816

Amount of Each Receipt this Period

18.98

B. Full Name (Last, First, Middle Initial)
WILLIAM P BALLINGER
Mailing Address 47530 ABERDEEN DR

City State Zip Code
NOVI MI 48374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
FVP President New Jersey

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.81

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692210

Amount of Each Receipt this Period

33.72

C. Full Name (Last, First, Middle Initial)
WILLIAM P BALLINGER
Mailing Address 47530 ABERDEEN DR

City State Zip Code
NOVI MI 48374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
FVP President New Jersey

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.53

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692663

Amount of Each Receipt this Period

33.72

SUBTOTAL of Receipts This Page (optional)

86.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ROBERT H BARGE III
Mailing Address 2222 LOCH WAY

City State Zip Code
EL DORADO HILLS CA 95762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1212.59

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692545

Amount of Each Receipt this Period

65.18

B. Full Name (Last, First, Middle Initial)
ROBERT H BARGE III
Mailing Address 2222 LOCH WAY

City State Zip Code
EL DORADO HILLS CA 95762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1277.77

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692996

Amount of Each Receipt this Period

65.18

C. Full Name (Last, First, Middle Initial)
PATRICK J BARKLEY
Mailing Address 1694 WARRINGTON LANE

City State Zip Code
CRYSTAL LAKE IL 60014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Consultant-M1400

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.74

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692325

Amount of Each Receipt this Period

15.46

SUBTOTAL of Receipts This Page (optional)

145.82

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

PATRICK J BARKLEY

Mailing Address 1694 WARRINGTON LANE

City State Zip Code
 CRYSTAL LAKE IL 60014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Consultant-M1400

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.20

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692777

Amount of Each Receipt this Period

15.46

B. Full Name (Last, First, Middle Initial)

ROBERT K BECKER

Mailing Address 80 RAVINE DRIVE

City State Zip Code
 COLONIA NJ 07067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.72

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692157

Amount of Each Receipt this Period

19.88

C. Full Name (Last, First, Middle Initial)

ROBERT K BECKER

Mailing Address 80 RAVINE DRIVE

City State Zip Code
 COLONIA NJ 07067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.60

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692610

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

55.22

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 304

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. CANDICE L BEINLICH

Mailing Address 1781 TUDOR LANE # 309

City State Zip Code
 NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.20

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692320

Amount of Each Receipt this Period

18.75

Full Name (Last, First, Middle Initial)

B. CANDICE L BEINLICH

Mailing Address 1781 TUDOR LANE # 309

City State Zip Code
 NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.95

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692772

Amount of Each Receipt this Period

18.75

Full Name (Last, First, Middle Initial)

C. DIANE BELLAS

Mailing Address 632 Concord Way

City State Zip Code
 Prospect Heights IL 60070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Accounting Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.87

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692327

Amount of Each Receipt this Period

24.38

SUBTOTAL of Receipts This Page (optional)

61.88

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 304

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 DIANE BELLAS
 Mailing Address 632 Concord Way

City State Zip Code
 Prospect Heights IL 60070

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Accounting Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.25

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692778

Amount of Each Receipt this Period

24.38

B. Full Name (Last, First, Middle Initial)
 WALTER A BERKOWICZ
 Mailing Address 405 GATESHEAD DRIVE

City State Zip Code
 NAPERVILLE IL 60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

597.34

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692401

Amount of Each Receipt this Period

31.76

C. Full Name (Last, First, Middle Initial)
 WALTER A BERKOWICZ
 Mailing Address 405 GATESHEAD DRIVE

City State Zip Code
 NAPERVILLE IL 60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

629.10

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692852

Amount of Each Receipt this Period

31.76

SUBTOTAL of Receipts This Page (optional)

87.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 304

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

EDWARD A BIEMER

Mailing Address 807 Greenwood Ave.

City State Zip Code
 GLENCOE IL 60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP and President Broker D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.05

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692179

Amount of Each Receipt this Period

38.84

B. Full Name (Last, First, Middle Initial)

EDWARD A BIEMER

Mailing Address 807 Greenwood Ave.

City State Zip Code
 GLENCOE IL 60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP and President Broker D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.89

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692632

Amount of Each Receipt this Period

38.84

C. Full Name (Last, First, Middle Initial)

DAVID G BIEMILLER

Mailing Address 480 LEES LAKE RD

City State Zip Code
 FAYETTEVILLE GA 30214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.81

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692250

Amount of Each Receipt this Period

19.19

SUBTOTAL of Receipts This Page (optional)

96.87

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 304

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DAVID G BIEMILLER
Mailing Address 480 LEES LAKE RD

City State Zip Code
FAYETTEVILLE GA 30214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692702

Amount of Each Receipt this Period

19.19

B. Full Name (Last, First, Middle Initial)
DAVID A BIRD
Mailing Address 24567 HARBOUR VIEW DRIVE

City State Zip Code
PONTE VEDRA BEA FL 32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
President-Allstate Workpl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

721.76

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692472

Amount of Each Receipt this Period

38.40

C. Full Name (Last, First, Middle Initial)
DAVID A BIRD
Mailing Address 24567 HARBOUR VIEW DRIVE

City State Zip Code
PONTE VEDRA BEA FL 32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
President-Allstate Workpl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.16

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692923

Amount of Each Receipt this Period

38.40

SUBTOTAL of Receipts This Page (optional)

95.99

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ROBERT L BLOCK
Mailing Address 398 Brookmont Lane

City State Zip Code
North Barrington IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Investor R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1116.75

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692458

Amount of Each Receipt this Period

59.62

B. Full Name (Last, First, Middle Initial)
ROBERT L BLOCK
Mailing Address 398 Brookmont Lane

City State Zip Code
North Barrington IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Investor R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1176.37

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692909

Amount of Each Receipt this Period

59.62

C. Full Name (Last, First, Middle Initial)
CHARLES A BOLLINGER
Mailing Address 509 GATES HEAD SOUTH

City State Zip Code
ELK GROVE VLLGE IL 60007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Sales Agen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

904.57

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692279

Amount of Each Receipt this Period

48.46

SUBTOTAL of Receipts This Page (optional)

167.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
CHARLES A BOLLINGER

Mailing Address 509 GATES HEAD SOUTH

City State Zip Code
ELK GROVE VLLGE IL 60007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Sales Agen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

953.03

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692731

Amount of Each Receipt this Period

48.46

B. Full Name (Last, First, Middle Initial)
CAROL L BONOVICH

Mailing Address 6 N. MILLERS LANE

City State Zip Code
MT. PROSPECT IL 60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.34

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692390

Amount of Each Receipt this Period

15.86

C. Full Name (Last, First, Middle Initial)
CAROL L BONOVICH

Mailing Address 6 N. MILLERS LANE

City State Zip Code
MT. PROSPECT IL 60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.20

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692841

Amount of Each Receipt this Period

15.86

SUBTOTAL of Receipts This Page (optional)

80.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DOUGLAS L BORG
Mailing Address 5550 Maybeck Ln

City State Zip Code
Livermore CA 94550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territorial Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.54

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692542

Amount of Each Receipt this Period

26.11

B. Full Name (Last, First, Middle Initial)
DOUGLAS L BORG
Mailing Address 5550 Maybeck Ln

City State Zip Code
Livermore CA 94550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territorial Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.65

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692993

Amount of Each Receipt this Period

26.11

C. Full Name (Last, First, Middle Initial)
MICHAEL B BOYLE
Mailing Address 1063 CHERRY STREET

City State Zip Code
WINNETKA IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Info Techn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.60

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692214

Amount of Each Receipt this Period

73.92

SUBTOTAL of Receipts This Page (optional)

126.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MICHAEL B BOYLE
Mailing Address 1063 CHERRY STREET

City State Zip Code
WINNETKA IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Info Techn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1458.52

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692667

Amount of Each Receipt this Period

73.92

B. Full Name (Last, First, Middle Initial)
RONALD E BRABEC
Mailing Address 2823 TIMBER HILL DR.

City State Zip Code
GRAPEVINE TX 76051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.60

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692490

Amount of Each Receipt this Period

14.30

C. Full Name (Last, First, Middle Initial)
RONALD E BRABEC
Mailing Address 2823 TIMBER HILL DR.

City State Zip Code
GRAPEVINE TX 76051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.90

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692941

Amount of Each Receipt this Period

14.30

SUBTOTAL of Receipts This Page (optional)

102.52

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
LONDON B BRADLEY
Mailing Address 1951 BROADSMORE

City State Zip Code
ALGONQUIN IL 60102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.11

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692507

Amount of Each Receipt this Period

23.47

B. Full Name (Last, First, Middle Initial)
LONDON B BRADLEY
Mailing Address 1951 BROADSMORE

City State Zip Code
ALGONQUIN IL 60102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.58

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692958

Amount of Each Receipt this Period

23.47

C. Full Name (Last, First, Middle Initial)
KENNETH A BRANCH
Mailing Address 28955 NIBLICK KNOLL CT.

City State Zip Code
IVANHOE IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692475

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

66.82

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KENNETH A BRANCH

Mailing Address 28955 NIBLICK KNOLL CT.

City State Zip Code
IVANHOE IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.40

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692926

Amount of Each Receipt this Period

19.88

B. Full Name (Last, First, Middle Initial)
JEFFREY P BRASK

Mailing Address 21285 S. BOSCHOME CIRCLE

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.47

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692350

Amount of Each Receipt this Period

19.88

C. Full Name (Last, First, Middle Initial)
JEFFREY P BRASK

Mailing Address 21285 S. BOSCHOME CIRCLE

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.35

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692801

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

59.64

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. SHEILA M BREEDING

Mailing Address 35 FAIRMONT AVENUE

City State Zip Code
 SOMERVILLE NJ 08876

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.65

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692162

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

B. SHEILA M BREEDING

Mailing Address 35 FAIRMONT AVENUE

City State Zip Code
 SOMERVILLE NJ 08876

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692615

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

C. DUDLEY R BRIGHT

Mailing Address 18135 W MEANDER DR

City State Zip Code
 GRAYSLAKE IL 60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.11

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692197

Amount of Each Receipt this Period

18.19

SUBTOTAL of Receipts This Page (optional)

50.89

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DUDLEY R BRIGHT
Mailing Address 18135 W MEANDER DR

City State Zip Code
GRAYSLAKE IL 60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692650

Amount of Each Receipt this Period

18.19

B. Full Name (Last, First, Middle Initial)
SHAWN L BROADFIELD
Mailing Address 1044 APPLE BLOSSOM COURT

City State Zip Code
LAKE ZURICH IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

739.74

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692338

Amount of Each Receipt this Period

39.06

C. Full Name (Last, First, Middle Initial)
SHAWN L BROADFIELD
Mailing Address 1044 APPLE BLOSSOM COURT

City State Zip Code
LAKE ZURICH IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

778.80

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692789

Amount of Each Receipt this Period

39.06

SUBTOTAL of Receipts This Page (optional)

96.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DAVID C BROCK
Mailing Address 305 CHURCHILL LANE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Planning Con

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.69

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692222

Amount of Each Receipt this Period

34.81

B. Full Name (Last, First, Middle Initial)
DAVID C BROCK
Mailing Address 305 CHURCHILL LANE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Planning Con

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

689.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692675

Amount of Each Receipt this Period

34.81

C. Full Name (Last, First, Middle Initial)
WILLIAM F BROKAW
Mailing Address 3 MILTON CT

City State Zip Code
CARY IL 60013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.72

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692332

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

89.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
WILLIAM F BROKAW

Mailing Address 3 MILTON CT

City State Zip Code
CARY IL 60013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.60

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692783

Amount of Each Receipt this Period

19.88

B. Full Name (Last, First, Middle Initial)
LORRIE K BROUSE

Mailing Address 223 POLK PLACE DRIVE

City State Zip Code
FRANKLIN TN 37064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.60

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692225

Amount of Each Receipt this Period

17.25

C. Full Name (Last, First, Middle Initial)
LORRIE K BROUSE

Mailing Address 223 POLK PLACE DRIVE

City State Zip Code
FRANKLIN TN 37064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.85

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692678

Amount of Each Receipt this Period

17.25

SUBTOTAL of Receipts This Page (optional)

54.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

BETH A BROWN

Mailing Address 2637 W. WILSON AVE.

City State Zip Code
 CHICAGO IL 60625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.72

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692282

Amount of Each Receipt this Period

19.88

B. Full Name (Last, First, Middle Initial)

BETH A BROWN

Mailing Address 2637 W. WILSON AVE.

City State Zip Code
 CHICAGO IL 60625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.60

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692734

Amount of Each Receipt this Period

19.88

C. Full Name (Last, First, Middle Initial)

MICHAEL E BROWN

Mailing Address 8739 CYPRESS RESERVE CIRCLE

City State Zip Code
 ORLANDO FL 32836

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Agency Consulting Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.65

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692181

Amount of Each Receipt this Period

16.35

SUBTOTAL of Receipts This Page (optional)

56.11

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MICHAEL E BROWN

Mailing Address 8739 CYPRESS RESERVE CIRCLE

City State Zip Code
 ORLANDO FL 32836

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Agency Consulting Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692634

Amount of Each Receipt this Period

16.35

B. Full Name (Last, First, Middle Initial)
PAMELA S BROWN

Mailing Address 5886 TEAL LANE

City State Zip Code
 LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.62

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692436

Amount of Each Receipt this Period

19.88

C. Full Name (Last, First, Middle Initial)
PAMELA S BROWN

Mailing Address 5886 TEAL LANE

City State Zip Code
 LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.50

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692887

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

56.11

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

PATRICIA A BROWN

Mailing Address 9502 STONEY RIDGE ROAD

City State Zip Code
 SPRINGDALE MD 20774

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Distribution Support Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.66

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692209

Amount of Each Receipt this Period

12.49

B. Full Name (Last, First, Middle Initial)

PATRICIA A BROWN

Mailing Address 9502 STONEY RIDGE ROAD

City State Zip Code
 SPRINGDALE MD 20774

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Distribution Support Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.15

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692662

Amount of Each Receipt this Period

12.49

C. Full Name (Last, First, Middle Initial)

CATHERINE S BRUNE

Mailing Address 190 SAVANNA CT

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
SVP & Chief Information O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3282.75

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692235

Amount of Each Receipt this Period

173.08

SUBTOTAL of Receipts This Page (optional)

198.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
CATHERINE S BRUNE
Mailing Address 190 SAVANNA CT

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
SVP & Chief Information O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3455.83

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692688

Amount of Each Receipt this Period

173.08

B. Full Name (Last, First, Middle Initial)
ANNE MARIE L BRUNNER
Mailing Address 2514 SOUTH WESLEY AVE

City State Zip Code
BERWYN IL 60402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.40

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692334

Amount of Each Receipt this Period

34.55

C. Full Name (Last, First, Middle Initial)
ANNE MARIE L BRUNNER
Mailing Address 2514 SOUTH WESLEY AVE

City State Zip Code
BERWYN IL 60402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.95

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692785

Amount of Each Receipt this Period

34.55

SUBTOTAL of Receipts This Page (optional)

242.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN C BRUSE

Mailing Address 1434 WOODACRE DRIVE

City State Zip Code
MC LEAN VA 22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President & Ast Gene

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

661.60

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692521

Amount of Each Receipt this Period

35.30

Full Name (Last, First, Middle Initial)

B. JOHN C BRUSE

Mailing Address 1434 WOODACRE DRIVE

City State Zip Code
MC LEAN VA 22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President & Ast Gene

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.90

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692972

Amount of Each Receipt this Period

35.30

Full Name (Last, First, Middle Initial)

C. RHONDA J BUBAN

Mailing Address 856 SPRINGHILL CT

City State Zip Code
ELGIN IL 60120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.86

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692283

Amount of Each Receipt this Period

15.29

SUBTOTAL of Receipts This Page (optional)

85.89

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 RHONDA J BUBAN
 Mailing Address 856 SPRINGHILL CT

City State Zip Code
 ELGIN IL 60120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.15

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692735

Amount of Each Receipt this Period

15.29

B. Full Name (Last, First, Middle Initial)
 JOHN E BUCHANAN
 Mailing Address 26 W. 690 LINDSEY AVE.

City State Zip Code
 WINFIELD IL 60190

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Assistant Counsel III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.51

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692430

Amount of Each Receipt this Period

11.54

C. Full Name (Last, First, Middle Initial)
 JOHN E BUCHANAN
 Mailing Address 26 W. 690 LINDSEY AVE.

City State Zip Code
 WINFIELD IL 60190

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Assistant Counsel III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.05

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692881

Amount of Each Receipt this Period

11.54

SUBTOTAL of Receipts This Page (optional)

38.37

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DAVID N BUGGS
Mailing Address 12234 85TH AVE

City State Zip Code
PLEASANT PR WI 53158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.06

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692459

Amount of Each Receipt this Period

32.14

B. Full Name (Last, First, Middle Initial)
DAVID N BUGGS
Mailing Address 12234 85TH AVE

City State Zip Code
PLEASANT PR WI 53158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

641.20

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692910

Amount of Each Receipt this Period

32.14

C. Full Name (Last, First, Middle Initial)
KAREN E BURCKHARDT
Mailing Address 730 E. HAWTHORNE

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP-Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.28

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692457

Amount of Each Receipt this Period

41.46

SUBTOTAL of Receipts This Page (optional)

105.74

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 304

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KAREN E BURCKHARDT
Mailing Address 730 E. HAWTHORNE

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP-Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

816.74

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692908

Amount of Each Receipt this Period

41.46

B. Full Name (Last, First, Middle Initial)
TYRONE A BURNO
Mailing Address 868 CHARLTON ROAD

City State Zip Code
LAKE VILLA IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Senior Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.94

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692191

Amount of Each Receipt this Period

14.41

C. Full Name (Last, First, Middle Initial)
TYRONE A BURNO
Mailing Address 868 CHARLTON ROAD

City State Zip Code
LAKE VILLA IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Senior Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.35

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692644

Amount of Each Receipt this Period

14.41

SUBTOTAL of Receipts This Page (optional)

70.28

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) GREGORY C BURNS Mailing Address 2000 N. BROADMOOR LANE City State Zip Code VERNON HILLS IL 60061 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Human Resource Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 344.34			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7 Transaction ID: A2007-1692186 Amount of Each Receipt this Period 18.30
B. Full Name (Last, First, Middle Initial) GREGORY C BURNS Mailing Address 2000 N. BROADMOOR LANE City State Zip Code VERNON HILLS IL 60061 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Human Resource Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 362.64			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7 Transaction ID: A2007-1692639 Amount of Each Receipt this Period 18.30
C. Full Name (Last, First, Middle Initial) PEGGY BURROWS Mailing Address 2628 HALSEY DRIVE City State Zip Code FLOWER MOUND TX 75028 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Marketing Claims Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 540.17			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7 Transaction ID: A2007-1692487 Amount of Each Receipt this Period 28.43
SUBTOTAL of Receipts This Page (optional) ▶			65.03
TOTAL This Period (last page this line number only) ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PEGGY BURROWS

Mailing Address 2628 HALSEY DRIVE

City State Zip Code
 FLOWER MOUND TX 75028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

568.60

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692938

Amount of Each Receipt this Period

28.43

B.

Full Name (Last, First, Middle Initial)

CECILE A BUTLER

Mailing Address 9309 ELIZABETH LANE

City State Zip Code
 SPRING GROVE IL 60081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP & Tax Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1628.49

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692126

Amount of Each Receipt this Period

86.76

C.

Full Name (Last, First, Middle Initial)

CECILE A BUTLER

Mailing Address 9309 ELIZABETH LANE

City State Zip Code
 SPRING GROVE IL 60081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP & Tax Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1715.25

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692579

Amount of Each Receipt this Period

86.76

SUBTOTAL of Receipts This Page (optional)

201.95

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) D C BUTLER III		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 15430 WHITE COLUMNS DRIVE		Transaction ID: A2007-1692233
City ALPHARETTA	State GA	Zip Code 30004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.73
Name of Employer Allstate Insurance Company	Occupation Assistant Field Vice Pres	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 991.37	

B. Full Name (Last, First, Middle Initial) D C BUTLER III		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 15430 WHITE COLUMNS DRIVE		Transaction ID: A2007-1692686
City ALPHARETTA	State GA	Zip Code 30004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.73
Name of Employer Allstate Insurance Company	Occupation Assistant Field Vice Pres	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1044.10	

C. Full Name (Last, First, Middle Initial) RICHARD S CAIRNS		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 2791 NE 9TH COURT		Transaction ID: A2007-1692239
City POMPANO BEACH	State FL	Zip Code 33062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.68
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.17	

SUBTOTAL of Receipts This Page (optional)

121.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
RICHARD S CAIRNS
Mailing Address 2791 NE 9TH COURT

City State Zip Code
POMPAÑO BEACH FL 33062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Distribution Support Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.85

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692691

Amount of Each Receipt this Period

15.68

B. Full Name (Last, First, Middle Initial)
DEBORAH K CAMPBELL
Mailing Address 21863 NORTH TALL OAKS COURT

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1129.59

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692443

Amount of Each Receipt this Period

60.41

C. Full Name (Last, First, Middle Initial)
DEBORAH K CAMPBELL
Mailing Address 21863 NORTH TALL OAKS COURT

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692894

Amount of Each Receipt this Period

60.41

SUBTOTAL of Receipts This Page (optional)

136.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN M CANTWELL

Mailing Address 335 DEVON COURT

City State Zip Code
 GRAYSLAKE IL 60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Agency Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.70

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692200

Amount of Each Receipt this Period

14.30

Full Name (Last, First, Middle Initial)

B. JOHN M CANTWELL

Mailing Address 335 DEVON COURT

City State Zip Code
 GRAYSLAKE IL 60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Agency Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692653

Amount of Each Receipt this Period

14.30

Full Name (Last, First, Middle Initial)

C. IRIS M CHESTER

Mailing Address 643 ST GEORGE CT

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.72

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692468

Amount of Each Receipt this Period

21.54

SUBTOTAL of Receipts This Page (optional)

50.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. IRIS M CHESTER

Mailing Address 643 ST GEORGE CT

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.26

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692919

Amount of Each Receipt this Period

21.54

Full Name (Last, First, Middle Initial)

B. VIRGINIA O CHIAPPETTA

Mailing Address 165 ARLINGTON AVE

City State Zip Code
 ELMHURST IL 60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Communication Senior Mana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.77

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692410

Amount of Each Receipt this Period

19.65

Full Name (Last, First, Middle Initial)

C. VIRGINIA O CHIAPPETTA

Mailing Address 165 ARLINGTON AVE

City State Zip Code
 ELMHURST IL 60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Communication Senior Mana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.42

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692861

Amount of Each Receipt this Period

19.65

SUBTOTAL of Receipts This Page (optional)

60.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. SCOTT M CHRISTENSEN

Mailing Address 20713 LEXINGTON LANE

City State Zip Code
 KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.71

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692391

Amount of Each Receipt this Period

37.24

Full Name (Last, First, Middle Initial)

B. SCOTT M CHRISTENSEN

Mailing Address 20713 LEXINGTON LANE

City State Zip Code
 KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.95

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692842

Amount of Each Receipt this Period

37.24

Full Name (Last, First, Middle Initial)

C. BRIAN L CLARK

Mailing Address 504 FLORENCE DRIVE

City State Zip Code
 MADISON MS 39110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Staff Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.46

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692474

Amount of Each Receipt this Period

15.09

SUBTOTAL of Receipts This Page (optional)

89.57

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
BRIAN L CLARK
Mailing Address 504 FLORENCE DRIVE

City State Zip Code
MADISON MS 39110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Staff Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.55

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692925

Amount of Each Receipt this Period

15.09

B. Full Name (Last, First, Middle Initial)
EDWARD T CLARK
Mailing Address 2907 GLENARYE DR

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Regional Marketing Manage

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.65

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692419

Amount of Each Receipt this Period

19.34

C. Full Name (Last, First, Middle Initial)
EDWARD T CLARK
Mailing Address 2907 GLENARYE DR

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Regional Marketing Manage

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.99

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692870

Amount of Each Receipt this Period

19.34

SUBTOTAL of Receipts This Page (optional)

53.77

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL A CLARK

Mailing Address 26115 N 104TH WAY

City State Zip Code
 SCOTTSDALE AZ 85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.32

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692158

Amount of Each Receipt this Period

42.80

Full Name (Last, First, Middle Initial)

B. MICHAEL A CLARK

Mailing Address 26115 N 104TH WAY

City State Zip Code
 SCOTTSDALE AZ 85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.12

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692611

Amount of Each Receipt this Period

42.80

Full Name (Last, First, Middle Initial)

C. MARK P CLOGHESSY

Mailing Address 4343 LAWN AVE

City State Zip Code
 WESTERN SPRINGS IL 60558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

622.95

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692271

Amount of Each Receipt this Period

33.17

SUBTOTAL of Receipts This Page (optional)

118.77

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MARK P CLOGHESSY
Mailing Address 4343 LAWN AVE

City State Zip Code
WESTERN SPRINGS IL 60558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

656.12

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692723

Amount of Each Receipt this Period

33.17

B. Full Name (Last, First, Middle Initial)
DEBORAH L CLOUSER
Mailing Address 4667 TAMWORTH DR

City State Zip Code
PALM HARBOR FL 34685

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523.17

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692417

Amount of Each Receipt this Period

27.83

C. Full Name (Last, First, Middle Initial)
DEBORAH L CLOUSER
Mailing Address 4667 TAMWORTH DR

City State Zip Code
PALM HARBOR FL 34685

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

551.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692868

Amount of Each Receipt this Period

27.83

SUBTOTAL of Receipts This Page (optional)

88.83

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 304

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
LISA D COCHRANE

Mailing Address 270 FAIRVIEW AVENUE

City State Zip Code
WINNETKA IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.28

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692377

Amount of Each Receipt this Period

31.62

B. Full Name (Last, First, Middle Initial)
LISA D COCHRANE

Mailing Address 270 FAIRVIEW AVENUE

City State Zip Code
WINNETKA IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.90

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692828

Amount of Each Receipt this Period

31.62

C. Full Name (Last, First, Middle Initial)
EDWARD T COLLINS

Mailing Address 809 DUNHILL COURT

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

796.95

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692321

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

103.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
EDWARD T COLLINS
Mailing Address 809 DUNHILL COURT

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.72

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692773

Amount of Each Receipt this Period

39.77

B. Full Name (Last, First, Middle Initial)
LARRY K CONLEE
Mailing Address 4516 LINSKOTT AVE

City State Zip Code
DOWNERS GROVE IL 60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.27

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692362

Amount of Each Receipt this Period

15.98

C. Full Name (Last, First, Middle Initial)
LARRY K CONLEE
Mailing Address 4516 LINSKOTT AVE

City State Zip Code
DOWNERS GROVE IL 60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.22

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692813

Amount of Each Receipt this Period

20.95

SUBTOTAL of Receipts This Page (optional)

76.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL P COOGAN

Mailing Address 1609 SYRACUSE LN.

City State Zip Code
 SCHAUMBURG IL 60193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.77

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692381

Amount of Each Receipt this Period

29.23

Full Name (Last, First, Middle Initial)

B. MICHAEL P COOGAN

Mailing Address 1609 SYRACUSE LN.

City State Zip Code
 SCHAUMBURG IL 60193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

579.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692832

Amount of Each Receipt this Period

29.23

Full Name (Last, First, Middle Initial)

C. RONALD L CORBIN

Mailing Address 14 Portrush Place

City State Zip Code
 BRENTWOOD TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1252.16

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692482

Amount of Each Receipt this Period

66.85

SUBTOTAL of Receipts This Page (optional)

125.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
RONALD L CORBIN
Mailing Address 14 Portrush Place

City State Zip Code
BRENTWOOD TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1319.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692933

Amount of Each Receipt this Period

66.85

B. Full Name (Last, First, Middle Initial)
PETER T CORRIGAN
Mailing Address 28852 FOREST LAKE LANE

City State Zip Code
GREEN OAKS IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Technology Infrastruc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1677863

Amount of Each Receipt this Period

400.00

C. Full Name (Last, First, Middle Initial)
THOMAS J CREAGH
Mailing Address 4008 NORTH HIGHLAND AVENUE

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.51

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692160

Amount of Each Receipt this Period

19.79

SUBTOTAL of Receipts This Page (optional)

486.64

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 304

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. THOMAS J CREAGH

Mailing Address 4008 NORTH HIGHLAND AVENUE

City State Zip Code
 ARLINGTON HTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.30

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692613

Amount of Each Receipt this Period

19.79

Full Name (Last, First, Middle Initial)

B. WILLIAM G CRIMMINS

Mailing Address 218 S KASPAR

City State Zip Code
 ARLINGTON HGTS. IL 60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President & Deputy G

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1318.02

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692280

Amount of Each Receipt this Period

70.32

Full Name (Last, First, Middle Initial)

C. WILLIAM G CRIMMINS

Mailing Address 218 S KASPAR

City State Zip Code
 ARLINGTON HGTS. IL 60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President & Deputy G

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1388.34

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692732

Amount of Each Receipt this Period

70.32

SUBTOTAL of Receipts This Page (optional)

160.43

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 304

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
FREDERICK F CRIPE
Mailing Address 277 N. BILTMORE DRIVE

City State Zip Code
N. BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
GVP-Product Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1451.55

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692273

Amount of Each Receipt this Period

80.77

B. Full Name (Last, First, Middle Initial)
FREDERICK F CRIPE
Mailing Address 277 N. BILTMORE DRIVE

City State Zip Code
N. BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
GVP-Product Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1532.32

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692725

Amount of Each Receipt this Period

80.77

C. Full Name (Last, First, Middle Initial)
RICHARD C CRIST JR
Mailing Address 14 CARDINAL DRIVE

City State Zip Code
PRINCETON JUNCT NJ 08550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1282.88

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692192

Amount of Each Receipt this Period

68.43

SUBTOTAL of Receipts This Page (optional)

229.97

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 RICHARD C CRIST JR
 Mailing Address 14 CARDINAL DRIVE

City State Zip Code
 PRINCETON JUNCT NJ 08550

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1351.31

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692645

Amount of Each Receipt this Period

68.43

B. Full Name (Last, First, Middle Initial)
 JOAN M CROCKETT
 Mailing Address 27 RIVER BEND CT

City State Zip Code
 LAKE BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 SVP Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.12

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692254

Amount of Each Receipt this Period

117.38

C. Full Name (Last, First, Middle Initial)
 JOAN M CROCKETT
 Mailing Address 27 RIVER BEND CT

City State Zip Code
 LAKE BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 SVP Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2317.50

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692706

Amount of Each Receipt this Period

117.38

SUBTOTAL of Receipts This Page (optional)

303.19

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
WILLIAM DALY
Mailing Address 22425 N LINDEN DR.

City State Zip Code
BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.39

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692178

Amount of Each Receipt this Period

40.15

B. Full Name (Last, First, Middle Initial)
WILLIAM DALY
Mailing Address 22425 N LINDEN DR.

City State Zip Code
BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

762.54

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692631

Amount of Each Receipt this Period

40.15

C. Full Name (Last, First, Middle Initial)
ROBERT W DANIELS
Mailing Address 1020 Pleasant Street #1

City State Zip Code
Oak Park IL 60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Communication Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.04

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692221

Amount of Each Receipt this Period

34.47

SUBTOTAL of Receipts This Page (optional)

114.77

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

ROBERT W DANIELS

Mailing Address 1020 Pleasant Street #1

City State Zip Code
 Oak Park IL 60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Communication Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.51

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692674

Amount of Each Receipt this Period

34.47

B. Full Name (Last, First, Middle Initial)

SAM DE FRANK

Mailing Address 5 COURT OF HIDDEN WELLS

City State Zip Code
 NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP & Tax Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

619.90

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692329

Amount of Each Receipt this Period

32.98

C. Full Name (Last, First, Middle Initial)

SAM DE FRANK

Mailing Address 5 COURT OF HIDDEN WELLS

City State Zip Code
 NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP & Tax Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

652.88

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692780

Amount of Each Receipt this Period

32.98

SUBTOTAL of Receipts This Page (optional)

100.43

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 RANDAL S DECOURSEY
 Mailing Address 6710 BLUE RIDGE LANE

City State Zip Code
 LINCOLN NE 68516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

558.90

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692324

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
 RANDAL S DECOURSEY
 Mailing Address 6710 BLUE RIDGE LANE

City State Zip Code
 LINCOLN NE 68516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.90

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692776

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
 STEVEN J DEGNAN-SCHMIDT
 Mailing Address 1320 MULBERRY LN.

City State Zip Code
 CARY IL 60013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.70

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692258

Amount of Each Receipt this Period

35.45

SUBTOTAL of Receipts This Page (optional)

95.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 304

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. STEVEN J DEGNAN-SCHMIDT

Mailing Address 1320 MULBERRY LN.

City State Zip Code
CARY IL 60013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.15

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692710

Amount of Each Receipt this Period

35.45

Full Name (Last, First, Middle Initial)

B. JEFFREY F DEIGL

Mailing Address 453 PRAIRIE

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Specialty Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

974.82

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692433

Amount of Each Receipt this Period

52.22

Full Name (Last, First, Middle Initial)

C. JEFFREY F DEIGL

Mailing Address 453 PRAIRIE

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Specialty Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1027.04

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692884

Amount of Each Receipt this Period

52.22

SUBTOTAL of Receipts This Page (optional)

139.89

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

LORI A DESCH

Mailing Address 5 TREGONWELL COURT

City State Zip Code
 ALGONQUIN IL 60102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

589.65

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692248

Amount of Each Receipt this Period

31.65

B. Full Name (Last, First, Middle Initial)

LORI A DESCH

Mailing Address 5 TREGONWELL COURT

City State Zip Code
 ALGONQUIN IL 60102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.30

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692700

Amount of Each Receipt this Period

31.65

C. Full Name (Last, First, Middle Initial)

KRISTINE DIGIROLAMO

Mailing Address 10123 NORTH RIVER ROAD

City State Zip Code
 BARRINGTON HILL IL 60102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.04

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692454

Amount of Each Receipt this Period

16.41

SUBTOTAL of Receipts This Page (optional)

79.71

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KRISTINE DIGIROLAMO

Mailing Address 10123 NORTH RIVER ROAD

City State Zip Code
BARRINGTON HILL IL 60102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.45

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692905

Amount of Each Receipt this Period

16.41

B. Full Name (Last, First, Middle Initial)
LEO DISHEL

Mailing Address 340 E 74TH ST APT 6C

City State Zip Code
NEW YORK NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.75

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692156

Amount of Each Receipt this Period

20.30

C. Full Name (Last, First, Middle Initial)
LEO DISHEL

Mailing Address 340 E 74TH ST APT 6C

City State Zip Code
NEW YORK NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.05

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692609

Amount of Each Receipt this Period

20.30

SUBTOTAL of Receipts This Page (optional)

57.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. SARAH R DONAHUE

Mailing Address 4147 RFD

City State Zip Code
 LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Northbrook/Glenbrook

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1046.18

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692409

Amount of Each Receipt this Period

55.95

Full Name (Last, First, Middle Initial)

B. SARAH R DONAHUE

Mailing Address 4147 RFD

City State Zip Code
 LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Northbrook/Glenbrook

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1102.13

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692860

Amount of Each Receipt this Period

55.95

Full Name (Last, First, Middle Initial)

C. PHILIP J DORN

Mailing Address 12 SAINT JOHN DRIVE

City State Zip Code
 HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Investor Relations Direct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.94

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692527

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

131.78

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 PHILIP J DORN
 Mailing Address 12 SAINT JOHN DRIVE

City State Zip Code
 HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Investor Relations Direct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.82

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692978

Amount of Each Receipt this Period

19.88

B. Full Name (Last, First, Middle Initial)
 DANIEL C DRESSEL
 Mailing Address 1706 ADLER LANE

City State Zip Code
 MALVERN PA 19355

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Claims Field Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.37

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692195

Amount of Each Receipt this Period

19.88

C. Full Name (Last, First, Middle Initial)
 DANIEL C DRESSEL
 Mailing Address 1706 ADLER LANE

City State Zip Code
 MALVERN PA 19355

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Claims Field Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.25

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692648

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

59.64

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JAMES M DUDAS

Mailing Address 109 LORRAINE DRIVE

City State Zip Code
 LAKE ZURICH IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Communication Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.21

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692256

Amount of Each Receipt this Period

17.84

Full Name (Last, First, Middle Initial)

B. JAMES M DUDAS

Mailing Address 109 LORRAINE DRIVE

City State Zip Code
 LAKE ZURICH IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Communication Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.05

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692708

Amount of Each Receipt this Period

17.84

Full Name (Last, First, Middle Initial)

C. TIMOTHY R DUGAN

Mailing Address 3220 SANDY LANE

City State Zip Code
 GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

557.10

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692515

Amount of Each Receipt this Period

29.65

SUBTOTAL of Receipts This Page (optional)

65.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. TIMOTHY R DUGAN

Mailing Address 3220 SANDY LANE

City State Zip Code
 GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

586.75

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692966

Amount of Each Receipt this Period

29.65

Full Name (Last, First, Middle Initial)

B. WILLIAM F DULIN

Mailing Address 1301 NORMANDY CT

City State Zip Code
 SOUTHLAKE TX 76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Education and Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.58

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692234

Amount of Each Receipt this Period

15.22

Full Name (Last, First, Middle Initial)

C. WILLIAM F DULIN

Mailing Address 1301 NORMANDY CT

City State Zip Code
 SOUTHLAKE TX 76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Education and Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.80

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692687

Amount of Each Receipt this Period

15.22

SUBTOTAL of Receipts This Page (optional)

60.09

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
LAURA DUNNE

Mailing Address 1810 BALMORAL AVE

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Strategy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692394

Amount of Each Receipt this Period

22.19

B. Full Name (Last, First, Middle Initial)
LAURA DUNNE

Mailing Address 1810 BALMORAL AVE

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Strategy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692845

Amount of Each Receipt this Period

22.19

C. Full Name (Last, First, Middle Initial)
DANIEL P DURBIN

Mailing Address 1311 SOUTH WALNUT AVE.

City State Zip Code
ARLINGTON HTS. IL 60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AF Operations Dept Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.95

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692415

Amount of Each Receipt this Period

27.70

SUBTOTAL of Receipts This Page (optional)

72.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DANIEL P DURBIN

Mailing Address 1311 SOUTH WALNUT AVE.

City State Zip Code
 ARLINGTON HTS. IL 60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AF Operations Dept Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

548.65

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692866

Amount of Each Receipt this Period

27.70

B. Full Name (Last, First, Middle Initial)
JOHN EDELEN

Mailing Address 1250 So Indiana - Unit 1309

City State Zip Code
 Chicago IL 60605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP P-CCSO Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

793.09

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692180

Amount of Each Receipt this Period

41.97

C. Full Name (Last, First, Middle Initial)
JOHN EDELEN

Mailing Address 1250 So Indiana - Unit 1309

City State Zip Code
 Chicago IL 60605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP P-CCSO Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.06

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692633

Amount of Each Receipt this Period

41.97

SUBTOTAL of Receipts This Page (optional)

111.64

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 PHILIP L EMMANUELE
 Mailing Address 1085 FOREST HILL RD.

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Marketing Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1127.75

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692159

Amount of Each Receipt this Period

60.00

B. Full Name (Last, First, Middle Initial)
 PHILIP L EMMANUELE
 Mailing Address 1085 FOREST HILL RD.

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Marketing Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.75

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692612

Amount of Each Receipt this Period

60.00

C. Full Name (Last, First, Middle Initial)
 KATHLEEN N ENRIGHT
 Mailing Address 10323 TRUMBULL AVE

City State Zip Code
 CHICAGO IL 60655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.55

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692424

Amount of Each Receipt this Period

34.69

SUBTOTAL of Receipts This Page (optional)

154.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KATHLEEN N ENRIGHT

Mailing Address 10323 TRUMBULL AVE

City State Zip Code
CHICAGO IL 60655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

686.24

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692875

Amount of Each Receipt this Period

34.69

B. Full Name (Last, First, Middle Initial)
MICHAEL L ESCOBAR

Mailing Address 660 BALMORAL LANE

City State Zip Code
INVERNESS IL 60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Finance Innovation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

941.24

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692141

Amount of Each Receipt this Period

50.18

C. Full Name (Last, First, Middle Initial)
MICHAEL L ESCOBAR

Mailing Address 660 BALMORAL LANE

City State Zip Code
INVERNESS IL 60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Finance Innovation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

991.42

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692594

Amount of Each Receipt this Period

50.18

SUBTOTAL of Receipts This Page (optional)

135.05

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 RICHARD B ESPINOZA
 Mailing Address 673 HASTINGS ROAD

City State Zip Code
 WHEELING IL 60090

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Unclassified Sr Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.43

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692345

Amount of Each Receipt this Period

31.02

B. Full Name (Last, First, Middle Initial)
 RICHARD B ESPINOZA
 Mailing Address 673 HASTINGS ROAD

City State Zip Code
 WHEELING IL 60090

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Unclassified Sr Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

614.45

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692796

Amount of Each Receipt this Period

31.02

C. Full Name (Last, First, Middle Initial)
 THOMAS W EVANS
 Mailing Address 1224 BARCLAY CIRCLE

City State Zip Code
 BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

783.57

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692176

Amount of Each Receipt this Period

41.69

SUBTOTAL of Receipts This Page (optional)

103.73

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. THOMAS W EVANS

Mailing Address 1224 BARCLAY CIRCLE

City	State	Zip Code
BARRINGTON	IL	60010

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692629

Amount of Each Receipt this Period

41.69

Full Name (Last, First, Middle Initial)

B. DOROTHY EVEN

Mailing Address 1130 KEYSTONE AVENUE

City	State	Zip Code
RIVER FOREST	IL	60305

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1533.39

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692319

Amount of Each Receipt this Period

81.81

Full Name (Last, First, Middle Initial)

C. DOROTHY EVEN

Mailing Address 1130 KEYSTONE AVENUE

City	State	Zip Code
RIVER FOREST	IL	60305

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692771

Amount of Each Receipt this Period

81.81

SUBTOTAL of Receipts This Page (optional)

205.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KATHRYN L FABYAN

Mailing Address 21209 WEST YORKSHIRE DRIVE

City State Zip Code
KILDEER IL 60049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

711.85

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692467

Amount of Each Receipt this Period

37.85

B. Full Name (Last, First, Middle Initial)
KATHRYN L FABYAN

Mailing Address 21209 WEST YORKSHIRE DRIVE

City State Zip Code
KILDEER IL 60049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.70

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692918

Amount of Each Receipt this Period

37.85

C. Full Name (Last, First, Middle Initial)
GORDON S FALKNOR

Mailing Address 703 E CHERRY LN

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

862.33

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692342

Amount of Each Receipt this Period

45.99

SUBTOTAL of Receipts This Page (optional)

121.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
GORDON S FALKNOR
Mailing Address 703 E CHERRY LN

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

908.32

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692793

Amount of Each Receipt this Period

45.99

B. Full Name (Last, First, Middle Initial)
CAROLYN A FILIPOVIC
Mailing Address 918 JUNIPER ROAD

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Regional Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.40

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692446

Amount of Each Receipt this Period

25.55

C. Full Name (Last, First, Middle Initial)
CAROLYN A FILIPOVIC
Mailing Address 918 JUNIPER ROAD

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Regional Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.95

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692897

Amount of Each Receipt this Period

25.55

SUBTOTAL of Receipts This Page (optional)

97.09

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

STEVEN FINE

Mailing Address 40375 N. SEA EAGLE CT

City State Zip Code
 ANTIOCH IL 60002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.15

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692184

Amount of Each Receipt this Period

24.90

B. Full Name (Last, First, Middle Initial)

STEVEN FINE

Mailing Address 40375 N. SEA EAGLE CT

City State Zip Code
 ANTIOCH IL 60002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

493.05

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692637

Amount of Each Receipt this Period

24.90

C. Full Name (Last, First, Middle Initial)

DARYLL D FLETCHER

Mailing Address 22256 W MASHI CT

City State Zip Code
 IVANHOE IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP-KNOWLEDGE DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.77

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692311

Amount of Each Receipt this Period

27.89

SUBTOTAL of Receipts This Page (optional)

77.69

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DARYLL D FLETCHER

Mailing Address 22256 W MASHI CT

City State Zip Code
IVANHOE IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
VP-KNOWLEDGE DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692763

Amount of Each Receipt this Period

27.89

B. Full Name (Last, First, Middle Initial)
KELLY F FOGARTY

Mailing Address 613 REX

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Specialty Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

694.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692337

Amount of Each Receipt this Period

37.08

C. Full Name (Last, First, Middle Initial)
KELLY F FOGARTY

Mailing Address 613 REX

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Specialty Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

731.59

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692788

Amount of Each Receipt this Period

37.08

SUBTOTAL of Receipts This Page (optional)

102.05

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ANGELA K FONTANA

Mailing Address 1280 WILD ROSE LANE

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.24

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692497

Amount of Each Receipt this Period

15.31

Full Name (Last, First, Middle Initial)

B. ANGELA K FONTANA

Mailing Address 1280 WILD ROSE LANE

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.55

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692948

Amount of Each Receipt this Period

15.31

Full Name (Last, First, Middle Initial)

C. DAWN H FRASE

Mailing Address 24076 N. SHAGBARK

City State Zip Code
 LAKE ZURICH IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.95

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692408

Amount of Each Receipt this Period

18.25

SUBTOTAL of Receipts This Page (optional)

48.87

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DAWN H FRASE
Mailing Address 24076 N. SHAGBARK

City State Zip Code
LAKE ZURICH IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.20

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692859

Amount of Each Receipt this Period

18.25

B. Full Name (Last, First, Middle Initial)
PATRICIA W FRIDLEY
Mailing Address 945 Shermer Road

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1323.72

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692262

Amount of Each Receipt this Period

74.31

C. Full Name (Last, First, Middle Initial)
PATRICIA W FRIDLEY
Mailing Address 945 Shermer Road

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1398.03

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692714

Amount of Each Receipt this Period

74.31

SUBTOTAL of Receipts This Page (optional)

166.87

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 KARL A FRIEDMAN
 Mailing Address 333 DUNLEER DRIVE

City State Zip Code
 CARY IL 60013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Allstate Financial Senior

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.20

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692358

Amount of Each Receipt this Period

17.13

B. Full Name (Last, First, Middle Initial)
 KARL A FRIEDMAN
 Mailing Address 333 DUNLEER DRIVE

City State Zip Code
 CARY IL 60013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Allstate Financial Senior

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.33

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692809

Amount of Each Receipt this Period

17.13

C. Full Name (Last, First, Middle Initial)
 ERIC M FRISVOLD
 Mailing Address 1404 SHETLAND DR

City State Zip Code
 MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Accounting Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.58

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692494

Amount of Each Receipt this Period

14.67

SUBTOTAL of Receipts This Page (optional)

48.93

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ERIC M FRISVOLD
Mailing Address 1404 SHETLAND DR

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Accounting Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.25

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692945

Amount of Each Receipt this Period

14.67

B. Full Name (Last, First, Middle Initial)
MATTHEW D FULLER
Mailing Address 350 EDGE FIELD LANE

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.63

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692261

Amount of Each Receipt this Period

39.77

C. Full Name (Last, First, Middle Initial)
MATTHEW D FULLER
Mailing Address 350 EDGE FIELD LANE

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.40

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692713

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

94.21

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ANGELA FUSCO

Mailing Address 22255 MASHIE CT

City State Zip Code
 IVANHOE IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.53

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692194

Amount of Each Receipt this Period

26.97

Full Name (Last, First, Middle Initial)

B. ANGELA FUSCO

Mailing Address 22255 MASHIE CT

City State Zip Code
 IVANHOE IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

534.50

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692647

Amount of Each Receipt this Period

26.97

Full Name (Last, First, Middle Initial)

C. VINCENT A FUSCO

Mailing Address 6 SUGAR MAPLE COURT

City State Zip Code
 DIX HILLS NY 11746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.58

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692138

Amount of Each Receipt this Period

22.66

SUBTOTAL of Receipts This Page (optional)

76.60

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

VINCENT A FUSCO

Mailing Address 6 SUGAR MAPLE COURT

City	State	Zip Code
DIX HILLS	NY	11746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692591

Amount of Each Receipt this Period

22.66

B.

Full Name (Last, First, Middle Initial)

DOUGLAS F GAER

Mailing Address 5610 SOUTH 88th STREET

City	State	Zip Code
LINCOLN	NE	68526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Nebraska Service Cent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692500

Amount of Each Receipt this Period

22.30

C.

Full Name (Last, First, Middle Initial)

DOUGLAS F GAER

Mailing Address 5610 SOUTH 88th STREET

City	State	Zip Code
LINCOLN	NE	68526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Nebraska Service Cent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692951

Amount of Each Receipt this Period

22.30

SUBTOTAL of Receipts This Page (optional)

67.26

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

PATRICK C GALLERY

Mailing Address 2321 WEST STEEPLECHASE

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President & Assistan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1098.99

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692198

Amount of Each Receipt this Period

58.63

B. Full Name (Last, First, Middle Initial)

PATRICK C GALLERY

Mailing Address 2321 WEST STEEPLECHASE

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President & Assistan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1157.62

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692651

Amount of Each Receipt this Period

58.63

C. Full Name (Last, First, Middle Initial)

KAREN C GARDNER

Mailing Address 1434 BAFFIN ROAD

City State Zip Code
 GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1278.41

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692498

Amount of Each Receipt this Period

68.18

SUBTOTAL of Receipts This Page (optional)

185.44

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KAREN C GARDNER
Mailing Address 1434 BAFFIN ROAD

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.59

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692949

Amount of Each Receipt this Period

68.18

B. Full Name (Last, First, Middle Initial)
JOSEPH E GARNETT
Mailing Address 507 OLD WALNUT CIRCLE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Bank Cash Management Dire

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.82

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692145

Amount of Each Receipt this Period

18.98

C. Full Name (Last, First, Middle Initial)
JOSEPH E GARNETT
Mailing Address 507 OLD WALNUT CIRCLE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Bank Cash Management Dire

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.80

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692598

Amount of Each Receipt this Period

18.98

SUBTOTAL of Receipts This Page (optional)

106.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
LYNN A GEHANT

Mailing Address 23W650 WOODWORTH PLACE

City State Zip Code
ROSELLE IL 60172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.23

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692346

Amount of Each Receipt this Period

36.07

B. Full Name (Last, First, Middle Initial)
LYNN A GEHANT

Mailing Address 23W650 WOODWORTH PLACE

City State Zip Code
ROSELLE IL 60172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.30

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692797

Amount of Each Receipt this Period

36.07

C. Full Name (Last, First, Middle Initial)
NICK GEORGAKOPOULOS

Mailing Address 1846 N. HALSTED ST. #2

City State Zip Code
CHICAGO IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance & Planning Senior

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.27

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692371

Amount of Each Receipt this Period

15.73

SUBTOTAL of Receipts This Page (optional)

87.87

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

NICK GEORGAKOPOULOS

Mailing Address 1846 N. HALSTED ST. #2

City State Zip Code
 CHICAGO IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance & Planning Senior

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692822

Amount of Each Receipt this Period

15.73

B.

Full Name (Last, First, Middle Initial)

BONNIE S GILL

Mailing Address 1570 EDGEFIELD LANE

City State Zip Code
 HOFFMAN ESTATES IL 60195

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP State Team

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692499

Amount of Each Receipt this Period

30.53

C.

Full Name (Last, First, Middle Initial)

BONNIE S GILL

Mailing Address 1570 EDGEFIELD LANE

City State Zip Code
 HOFFMAN ESTATES IL 60195

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP State Team

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

603.04

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692950

Amount of Each Receipt this Period

30.53

SUBTOTAL of Receipts This Page (optional)

76.79

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 JOAN GILMORE
 Mailing Address 656 S BUCKINGHAM CT

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

817.69

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692142

Amount of Each Receipt this Period

39.77

B. Full Name (Last, First, Middle Initial)
 JOAN GILMORE
 Mailing Address 656 S BUCKINGHAM CT

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.46

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692595

Amount of Each Receipt this Period

39.77

C. Full Name (Last, First, Middle Initial)
 MARLA F GLABE
 Mailing Address 83 CARIBOU CROSSING

City State Zip Code
 NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1330.50

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692388

Amount of Each Receipt this Period

71.01

SUBTOTAL of Receipts This Page (optional)

150.55

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MARLA F GLABE
Mailing Address 83 CARIBOU CROSSING

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1401.51

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692839

Amount of Each Receipt this Period

71.01

B. Full Name (Last, First, Middle Initial)
ROBERT J GLOD
Mailing Address 1016 N. DERBYSHIRE

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.43

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692318

Amount of Each Receipt this Period

18.62

C. Full Name (Last, First, Middle Initial)
ROBERT J GLOD
Mailing Address 1016 N. DERBYSHIRE

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.05

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692770

Amount of Each Receipt this Period

18.62

SUBTOTAL of Receipts This Page (optional)

108.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM T GOFF

Mailing Address 124 FLEETS COVE ROAD

City State Zip Code
HUNTINGTON NY 11743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.65

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692143

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

B. WILLIAM T GOFF

Mailing Address 124 FLEETS COVE ROAD

City State Zip Code
HUNTINGTON NY 11743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692596

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

C. BARBARA H GOHR

Mailing Address 1601 OLD BARN CIRCLE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Administrative Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.54

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692247

Amount of Each Receipt this Period

26.89

SUBTOTAL of Receipts This Page (optional)

59.59

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
BARBARA H GOHR
Mailing Address 1601 OLD BARN CIRCLE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Administrative Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

531.43

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692699

Amount of Each Receipt this Period

26.89

B. Full Name (Last, First, Middle Initial)
BRUCE R GOLDBERG
Mailing Address 10 MULBERRY LN

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.39

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692303

Amount of Each Receipt this Period

19.88

C. Full Name (Last, First, Middle Initial)
BRUCE R GOLDBERG
Mailing Address 10 MULBERRY LN

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.27

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692755

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

66.65

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DENNIS C GOMEZ
Mailing Address 3 ROBERT COURT

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Human Reso

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.85

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692173

Amount of Each Receipt this Period

59.47

B. Full Name (Last, First, Middle Initial)
DENNIS C GOMEZ
Mailing Address 3 ROBERT COURT

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Human Reso

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.32

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692626

Amount of Each Receipt this Period

59.47

C. Full Name (Last, First, Middle Initial)
ANN A GOULD
Mailing Address 4071 NEWPORT LANE

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.11

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692554

Amount of Each Receipt this Period

31.84

SUBTOTAL of Receipts This Page (optional)

150.78

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ANN A GOULD

Mailing Address 4071 NEWPORT LANE

City State Zip Code
 ARLINGTON HTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

629.95

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1693005

Amount of Each Receipt this Period

31.84

Full Name (Last, First, Middle Initial)

B. GEORGE F GRAWE

Mailing Address 18799 GUNN HIGHWAY

City State Zip Code
 ODESSA FL 33556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.39

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692244

Amount of Each Receipt this Period

19.88

Full Name (Last, First, Middle Initial)

C. GEORGE F GRAWE

Mailing Address 18799 GUNN HIGHWAY

City State Zip Code
 ODESSA FL 33556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.27

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692696

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

71.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) PAMELA P GRAY Mailing Address 50 E. BELLEVUE PL. #2402 City CHICAGO State IL Zip Code 60611 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Data Center Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 474.14		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7 Transaction ID: A2007-1692477 Amount of Each Receipt this Period 25.21
B. Full Name (Last, First, Middle Initial) PAMELA P GRAY Mailing Address 50 E. BELLEVUE PL. #2402 City CHICAGO State IL Zip Code 60611 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Data Center Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 499.35		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7 Transaction ID: A2007-1692928 Amount of Each Receipt this Period 25.21
C. Full Name (Last, First, Middle Initial) JUDITH P GREFFIN Mailing Address 948 NORTH EUCLID AVENUE City OAK PARK State IL Zip Code 60302 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Senior Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 764.62		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7 Transaction ID: A2007-1692266 Amount of Each Receipt this Period 46.15

SUBTOTAL of Receipts This Page (optional)

96.57

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
JUDITH P GREFFIN

Mailing Address 948 NORTH EUCLID AVENUE

City State Zip Code
OAK PARK IL 60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.77

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692718

Amount of Each Receipt this Period

46.15

B. Full Name (Last, First, Middle Initial)
MARK A GRELLA

Mailing Address 1210 HADLEIGH DRIVE

City State Zip Code
WEST CHESTER PA 19380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

901.52

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692170

Amount of Each Receipt this Period

48.13

C. Full Name (Last, First, Middle Initial)
MARK A GRELLA

Mailing Address 1210 HADLEIGH DRIVE

City State Zip Code
WEST CHESTER PA 19380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

949.65

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692623

Amount of Each Receipt this Period

48.13

SUBTOTAL of Receipts This Page (optional)

142.41

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MARYLIN H GROOM

Mailing Address 170 ASPINWALL STREET

City State Zip Code
WESTBURY NY 11590

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Distribution Support Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.95

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692161

Amount of Each Receipt this Period

16.35

B. Full Name (Last, First, Middle Initial)
MARYLIN H GROOM

Mailing Address 170 ASPINWALL STREET

City State Zip Code
WESTBURY NY 11590

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Distribution Support Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692614

Amount of Each Receipt this Period

16.35

C. Full Name (Last, First, Middle Initial)
GREGORY J GUIDOS

Mailing Address 804 QUEENS HARBOR BLVD

City State Zip Code
JACKSONVILLE FL 32225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Finance AFW

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692445

Amount of Each Receipt this Period

22.31

SUBTOTAL of Receipts This Page (optional)

55.01

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) GREGORY J GUIDOS Mailing Address 804 QUEENS HARBOR BLVD City JACKSONVILLE State FL Zip Code 32225 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation AVP Finance AFW Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 444.13		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-1692896 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">22.31</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	7	22.31									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		2	8		2	0	0	7																							
22.31																																
B. Full Name (Last, First, Middle Initial) JOHN F HAAS Mailing Address 6509 E. BETTY ELYSE LANE City SCOTTSDALE State AZ Zip Code 85254 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 349.56		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-1692531 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">18.54</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	0	7	18.54									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		1	4		2	0	0	7																							
18.54																																
C. Full Name (Last, First, Middle Initial) JOHN F HAAS Mailing Address 6509 E. BETTY ELYSE LANE City SCOTTSDALE State AZ Zip Code 85254 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 368.10		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-1692982 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">18.54</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	7	18.54									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		2	8		2	0	0	7																							
18.54																																
SUBTOTAL of Receipts This Page (optional)		<table border="1"> <tr> <td colspan="10">59.39</td> </tr> </table>	59.39																													
59.39																																
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																														

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KIRK HAGGARD

Mailing Address 6608 OCASO DRIVE

City State Zip Code
CASTLE ROCK CO 80108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692550

Amount of Each Receipt this Period

27.34

B. Full Name (Last, First, Middle Initial)
KIRK HAGGARD

Mailing Address 6608 OCASO DRIVE

City State Zip Code
CASTLE ROCK CO 80108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1693001

Amount of Each Receipt this Period

27.34

C. Full Name (Last, First, Middle Initial)
JAMES W HAIDU

Mailing Address 3 South Wynstone

City State Zip Code
N. BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Ivantage AVP Specialty Li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

981.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692398

Amount of Each Receipt this Period

52.23

SUBTOTAL of Receipts This Page (optional)

106.91

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JAMES W HAIDU

Mailing Address 3 South Wynstone

City State Zip Code
 N. BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Ivantage AVP Specialty Li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1033.26

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692849

Amount of Each Receipt this Period

52.23

Full Name (Last, First, Middle Initial)

B. ROBERT F HAIR

Mailing Address 17 NORTH TRAIL

City State Zip Code
 HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.74

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692555

Amount of Each Receipt this Period

25.71

Full Name (Last, First, Middle Initial)

C. ROBERT F HAIR

Mailing Address 17 NORTH TRAIL

City State Zip Code
 HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.45

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1693006

Amount of Each Receipt this Period

25.71

SUBTOTAL of Receipts This Page (optional)

103.65

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) DANNY L HALE Mailing Address 1071 OLMSTED DRIVE City LAKE FOREST State IL Zip Code 60045 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation SVP Chf Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2635.54		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-1692466 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">140.61</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	0	7	140.61									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		1	4		2	0	0	7																							
140.61																																
B. Full Name (Last, First, Middle Initial) DANNY L HALE Mailing Address 1071 OLMSTED DRIVE City LAKE FOREST State IL Zip Code 60045 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation SVP Chf Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2776.15		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-1692917 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">140.61</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	7	140.61									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		2	8		2	0	0	7																							
140.61																																
C. Full Name (Last, First, Middle Initial) ROBERT HALPERN-GIVENS Mailing Address 3001 SUTTON WOODS CT City CRYSTAL LAKE State IL Zip Code 60012 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 326.61		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-1692423 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">17.19</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	0	7	17.19									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		1	4		2	0	0	7																							
17.19																																

SUBTOTAL of Receipts This Page (optional)

298.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ROBERT HALPERN-GIVENS

Mailing Address 3001 SUTTON WOODS CT

City State Zip Code
CRYSTAL LAKE IL 60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Senior Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.80

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692874

Amount of Each Receipt this Period

17.19

B. Full Name (Last, First, Middle Initial)
RANDALL M HANSON

Mailing Address 840 ALLEGHANY

City State Zip Code
GRAYSLAKE IL 60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.72

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692508

Amount of Each Receipt this Period

30.93

C. Full Name (Last, First, Middle Initial)
RANDALL M HANSON

Mailing Address 840 ALLEGHANY

City State Zip Code
GRAYSLAKE IL 60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.65

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692959

Amount of Each Receipt this Period

30.93

SUBTOTAL of Receipts This Page (optional)

79.05

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MICHAEL L HARRISON
Mailing Address 1141 WINNERS CIRCLE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2518.45

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692559

Amount of Each Receipt this Period

132.55

B. Full Name (Last, First, Middle Initial)
MICHAEL L HARRISON
Mailing Address 1141 WINNERS CIRCLE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2651.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1693010

Amount of Each Receipt this Period

132.55

C. Full Name (Last, First, Middle Initial)
FREDRICH A HATCH
Mailing Address 8313 STRATHMORE LANE

City State Zip Code
ROANOKE VA 24019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territory Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692528

Amount of Each Receipt this Period

16.35

SUBTOTAL of Receipts This Page (optional)

281.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

FREDRICH A HATCH

Mailing Address 8313 STRATHMORE LANE

City State Zip Code
 ROANOKE VA 24019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territory Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692979

Amount of Each Receipt this Period

16.35

B. Full Name (Last, First, Middle Initial)

KEITH A HAUSCHILDT

Mailing Address 636 ROSEDALE AVE

City State Zip Code
 ROSELLE IL 60172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP AF Operations & Techn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.48

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692259

Amount of Each Receipt this Period

15.91

C. Full Name (Last, First, Middle Initial)

KEITH A HAUSCHILDT

Mailing Address 636 ROSEDALE AVE

City State Zip Code
 ROSELLE IL 60172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP AF Operations & Techn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.39

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692711

Amount of Each Receipt this Period

15.91

SUBTOTAL of Receipts This Page (optional)

48.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) DANIEL J HEBEL		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 28365 West Big Hollow Road		Transaction ID: A2007-1692257	
City Ingleside	State IL	Zip Code 60041	
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/>		Amount of Each Receipt this Period 65.02	
Name of Employer Allstate Insurance Company	Occupation Vice President PCCSO Fiel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1219.14		
B. Full Name (Last, First, Middle Initial) DANIEL J HEBEL		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 28365 West Big Hollow Road		Transaction ID: A2007-1692709	
City Ingleside	State IL	Zip Code 60041	
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/>		Amount of Each Receipt this Period 65.02	
Name of Employer Allstate Insurance Company	Occupation Vice President PCCSO Fiel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1284.16		
C. Full Name (Last, First, Middle Initial) RICHARD J HENEBERRY		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 23 CLAYTON		Transaction ID: A2007-1692284	
City LAKE VILLA	State IL	Zip Code 60046	
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/>		Amount of Each Receipt this Period 23.93	
Name of Employer Allstate Insurance Company	Occupation AVP Intract Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 449.77		

SUBTOTAL of Receipts This Page (optional)

153.97

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

RICHARD J HENEBERRY

Mailing Address 23 CLAYTON

City State Zip Code
 LAKE VILLA IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Intract Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.70

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692736

Amount of Each Receipt this Period

23.93

B. Full Name (Last, First, Middle Initial)

ROBERT L HERRING

Mailing Address 4337 SPRUCE BOUGH DR

City State Zip Code
 MARIETTA GA 30062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Distribution Support Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.80

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692471

Amount of Each Receipt this Period

29.55

C. Full Name (Last, First, Middle Initial)

ROBERT L HERRING

Mailing Address 4337 SPRUCE BOUGH DR

City State Zip Code
 MARIETTA GA 30062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Distribution Support Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.35

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692922

Amount of Each Receipt this Period

29.55

SUBTOTAL of Receipts This Page (optional)

83.03

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
EDDIE H HILL
Mailing Address 701 GOODLAND AVE.

City State Zip Code
ROANOKE VA 24019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territory Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.12

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692211

Amount of Each Receipt this Period

14.38

B. Full Name (Last, First, Middle Initial)
EDDIE H HILL
Mailing Address 701 GOODLAND AVE.

City State Zip Code
ROANOKE VA 24019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territory Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692664

Amount of Each Receipt this Period

14.38

C. Full Name (Last, First, Middle Initial)
WILLIAM G HILL
Mailing Address 2935 GLENARYE DRIVE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1537.92

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692220

Amount of Each Receipt this Period

83.08

SUBTOTAL of Receipts This Page (optional)

111.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
WILLIAM G HILL
Mailing Address 2935 GLENARYE DRIVE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1621.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692673

Amount of Each Receipt this Period

83.08

B. Full Name (Last, First, Middle Initial)
SHERYL L HODGES
Mailing Address 2510 OAK AVENUE

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.28

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692376

Amount of Each Receipt this Period

15.52

C. Full Name (Last, First, Middle Initial)
SHERYL L HODGES
Mailing Address 2510 OAK AVENUE

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.80

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692827

Amount of Each Receipt this Period

15.52

SUBTOTAL of Receipts This Page (optional)

114.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
LINDA M HONOUR
Mailing Address 8 PELHAM ROAD

City State Zip Code
WESTON MA 02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692562

Amount of Each Receipt this Period

43.08

B. Full Name (Last, First, Middle Initial)
LINDA M HONOUR
Mailing Address 8 PELHAM ROAD

City State Zip Code
WESTON MA 02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.18

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1693013

Amount of Each Receipt this Period

43.08

C. Full Name (Last, First, Middle Initial)
MERRILD A HOOVER
Mailing Address 49 DORAL STREET

City State Zip Code
HURRICANE WV 25526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.82

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692224

Amount of Each Receipt this Period

22.68

SUBTOTAL of Receipts This Page (optional)

108.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MERRILD A HOOVER

Mailing Address 49 DORAL STREET

City State Zip Code
HURRICANE WV 25526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692677

Amount of Each Receipt this Period

22.68

B. Full Name (Last, First, Middle Initial)
MARY L HUBER

Mailing Address 1532 NORTH BELMONT AVE.

City State Zip Code
ARLINGTON HTS. IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Communication Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.72

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692462

Amount of Each Receipt this Period

19.88

C. Full Name (Last, First, Middle Initial)
MARY L HUBER

Mailing Address 1532 NORTH BELMONT AVE.

City State Zip Code
ARLINGTON HTS. IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Communication Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.60

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692913

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

62.44

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 304

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL S HURLEY

Mailing Address 1225 N. BURGANDY TRAIL

City State Zip Code
JACKSONVILLE FL 32259

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.36

Date of Receipt

M M / D D / Y Y Y Y
09 14 2007

Transaction ID: A2007-1692202

Amount of Each Receipt this Period

14.64

Full Name (Last, First, Middle Initial)

B. MICHAEL S HURLEY

Mailing Address 1225 N. BURGANDY TRAIL

City State Zip Code
JACKSONVILLE FL 32259

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y
09 28 2007

Transaction ID: A2007-1692655

Amount of Each Receipt this Period

14.64

Full Name (Last, First, Middle Initial)

C. STEPHEN L IHM

Mailing Address 21558 W GOLDFINCH CT

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

822.41

Date of Receipt

M M / D D / Y Y Y Y
09 14 2007

Transaction ID: A2007-1692373

Amount of Each Receipt this Period

43.48

SUBTOTAL of Receipts This Page (optional)

72.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
STEPHEN L IHM
Mailing Address 21558 W GOLDFINCH CT

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.89

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692824

Amount of Each Receipt this Period

43.48

B. Full Name (Last, First, Middle Initial)
KENNETH A IRVIN
Mailing Address 6352 CRAGIE HILL CT

City State Zip Code
DUBLIN OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Regional Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692199

Amount of Each Receipt this Period

15.50

C. Full Name (Last, First, Middle Initial)
KENNETH A IRVIN
Mailing Address 6352 CRAGIE HILL CT

City State Zip Code
DUBLIN OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Regional Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692652

Amount of Each Receipt this Period

15.50

SUBTOTAL of Receipts This Page (optional)

74.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 304

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) LYNNE A IVERSON		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 890 BLAZING STAR TRAIL		Transaction ID: A2007-1692328
City State Zip Code CARY IL 60013	Amount of Each Receipt this Period 27.33	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior Sourcing Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 459.31	

B. Full Name (Last, First, Middle Initial) LYNNE A IVERSON		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 890 BLAZING STAR TRAIL		Transaction ID: A2007-1692779
City State Zip Code CARY IL 60013	Amount of Each Receipt this Period 27.33	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior Sourcing Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 486.64	

C. Full Name (Last, First, Middle Initial) MICHAEL A JACKOWSKI		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 3602 FRANKLIN CT.		Transaction ID: A2007-1692304
City State Zip Code CRYSTAL LAKE IL 60014	Amount of Each Receipt this Period 76.43	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.72	

SUBTOTAL of Receipts This Page (optional)

131.09

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL A JACKOWSKI

Mailing Address 3602 FRANKLIN CT.

City State Zip Code
 CRYSTAL LAKE IL 60014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.15

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692756

Amount of Each Receipt this Period

76.43

Full Name (Last, First, Middle Initial)

B. BOB A JACKSON

Mailing Address 226 Maison Court

City State Zip Code
 Altamonte Springs FL 32714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.72

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692518

Amount of Each Receipt this Period

19.88

Full Name (Last, First, Middle Initial)

C. BOB A JACKSON

Mailing Address 226 Maison Court

City State Zip Code
 Altamonte Springs FL 32714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.60

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692969

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

116.19

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 304
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
JAMES C JAMIESON

Mailing Address 25 BRUCE CIRCLE NORTH

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
F&P/Enterprise Risk Manag

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

599.06

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692298

Amount of Each Receipt this Period

31.89

B. Full Name (Last, First, Middle Initial)

JAMES C JAMIESON

Mailing Address 25 BRUCE CIRCLE NORTH

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
F&P/Enterprise Risk Manag

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.95

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692750

Amount of Each Receipt this Period

31.89

C. Full Name (Last, First, Middle Initial)

LINDA K JANCIK

Mailing Address 479 FLOCK AVENUE

City State Zip Code
NAPERVILLE IL 60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.72

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692533

Amount of Each Receipt this Period

12.98

SUBTOTAL of Receipts This Page (optional)

76.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
LINDA K JANCIK
Mailing Address 479 FLOCK AVENUE

City State Zip Code
NAPERVILLE IL 60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.70

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692984

Amount of Each Receipt this Period

12.98

B. Full Name (Last, First, Middle Initial)
LARRY D JOHNSON
Mailing Address 21943 W VERNON RIDGE DRIVE

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Catastrophe Managemen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.60

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692278

Amount of Each Receipt this Period

52.99

C. Full Name (Last, First, Middle Initial)
LARRY D JOHNSON
Mailing Address 21943 W VERNON RIDGE DRIVE

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Catastrophe Managemen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1052.59

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692730

Amount of Each Receipt this Period

52.99

SUBTOTAL of Receipts This Page (optional)

118.96

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) RONALD JOHNSON			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 1726 R.F.D			Transaction ID: A2007-1692513	
City State Zip Code LONG GROVE IL 60047			Amount of Each Receipt this Period 14.82	
FEC ID number of contributing federal political committee. C				
Name of Employer Allstate Insurance Company		Occupation AVP Allstate Force Develo		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 278.57		
B. Full Name (Last, First, Middle Initial) RONALD JOHNSON			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 1726 R.F.D			Transaction ID: A2007-1692964	
City State Zip Code LONG GROVE IL 60047			Amount of Each Receipt this Period 14.82	
FEC ID number of contributing federal political committee. C				
Name of Employer Allstate Insurance Company		Occupation AVP Allstate Force Develo		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 293.39		
C. Full Name (Last, First, Middle Initial) LEWIS L JONES			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address P.O. BOX 498			Transaction ID: A2007-1692223	
City State Zip Code WADSWORTH IL 60083			Amount of Each Receipt this Period 16.28	
FEC ID number of contributing federal political committee. C				
Name of Employer Allstate Insurance Company		Occupation Sales Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 305.77		

SUBTOTAL of Receipts This Page (optional)

45.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

LEWIS L JONES

Mailing Address P.O. BOX 498

City State Zip Code
WADSWORTH IL 60083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.05

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692676

Amount of Each Receipt this Period

16.28

B. Full Name (Last, First, Middle Initial)

DOLORES M JOSSUND

Mailing Address 4242 W. HARRINGTON LANE

City State Zip Code
CHICAGO IL 60646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.66

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692359

Amount of Each Receipt this Period

39.77

C. Full Name (Last, First, Middle Initial)

DOLORES M JOSSUND

Mailing Address 4242 W. HARRINGTON LANE

City State Zip Code
CHICAGO IL 60646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

826.43

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692810

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

95.82

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN A KANE

Mailing Address 1 LONGLEY PLACE

City State Zip Code
HUNTINGTON STA NY 11746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territorial Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.45

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692146

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

B. JOHN A KANE

Mailing Address 1 LONGLEY PLACE

City State Zip Code
HUNTINGTON STA NY 11746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territorial Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.80

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692599

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

C. TIMOTHY M KATHRENS

Mailing Address 703 HIGHLAND CT

City State Zip Code
GRAYSLAKE IL 60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.41

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692453

Amount of Each Receipt this Period

15.59

SUBTOTAL of Receipts This Page (optional)

48.29

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. TIMOTHY M KATHRENS

Full Name (Last, First, Middle Initial)

Mailing Address 703 HIGHLAND CT

City	State	Zip Code
GRAYSLAKE	IL	60030

FEC ID number of contributing federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692904

Amount of Each Receipt this Period

15.59

B. JEFF L KAUFMAN

Full Name (Last, First, Middle Initial)

Mailing Address 5271 SERENE VIEW WAY

City	State	Zip Code
PARKER	CO	80134

FEC ID number of contributing federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1445.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692524

Amount of Each Receipt this Period

76.88

C. JEFF L KAUFMAN

Full Name (Last, First, Middle Initial)

Mailing Address 5271 SERENE VIEW WAY

City	State	Zip Code
PARKER	CO	80134

FEC ID number of contributing federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1521.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692975

Amount of Each Receipt this Period

76.88

SUBTOTAL of Receipts This Page (optional)

169.35

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MARY KEITH

Mailing Address 2309 RFD

City

LONG GROVE

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.40

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692549

Amount of Each Receipt this Period

17.10

B.

Full Name (Last, First, Middle Initial)

MARY KEITH

Mailing Address 2309 RFD

City

LONG GROVE

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1693000

Amount of Each Receipt this Period

17.10

C.

Full Name (Last, First, Middle Initial)

TERRY KELAHER

Mailing Address 924 W. CHESTERFIELD CT.

City

PALATINE

State

IL

Zip Code

60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President & General

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1514.47

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692369

Amount of Each Receipt this Period

80.63

SUBTOTAL of Receipts This Page (optional)

114.83

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 304

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. TERRY KELAHER

Mailing Address 924 W. CHESTERFIELD CT.

City State Zip Code
 PALATINE IL 60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President & General

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1595.10

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692820

Amount of Each Receipt this Period

80.63

Full Name (Last, First, Middle Initial)

B. DAVID E KENNEY

Mailing Address 622 SEDGWICK DR.

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.63

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692399

Amount of Each Receipt this Period

19.82

Full Name (Last, First, Middle Initial)

C. DAVID E KENNEY

Mailing Address 622 SEDGWICK DR.

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.45

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692850

Amount of Each Receipt this Period

19.82

SUBTOTAL of Receipts This Page (optional)

120.27

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DARON K KERSTEN
Mailing Address 548 TIMBER RIDGE DR

City State Zip Code
LONGWOOD FL 32779

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.07

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692240

Amount of Each Receipt this Period

23.08

B. Full Name (Last, First, Middle Initial)
DARON K KERSTEN
Mailing Address 548 TIMBER RIDGE DR

City State Zip Code
LONGWOOD FL 32779

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.15

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692692

Amount of Each Receipt this Period

23.08

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER R KIAH
Mailing Address 1975 ROSE TERRACE

City State Zip Code
RIVERWOODS IL 60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

814.81

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692128

Amount of Each Receipt this Period

43.12

SUBTOTAL of Receipts This Page (optional)

89.28

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER R KIAH
Mailing Address 1975 ROSE TERRACE

City State Zip Code
RIVERWOODS IL 60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.93

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692581

Amount of Each Receipt this Period

43.12

B. Full Name (Last, First, Middle Initial)
CURTIS L KIBLER
Mailing Address 1332 BAY MEADOWS DR

City State Zip Code
BARTLETT IL 60103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.30

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692300

Amount of Each Receipt this Period

36.90

C. Full Name (Last, First, Middle Initial)
CURTIS L KIBLER
Mailing Address 1332 BAY MEADOWS DR

City State Zip Code
BARTLETT IL 60103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

729.20

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692752

Amount of Each Receipt this Period

36.90

SUBTOTAL of Receipts This Page (optional)

116.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
PAUL N KIERIG

Mailing Address 200 OXFORD RD

City State Zip Code
Tower Lakes IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.95

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692353

Amount of Each Receipt this Period

24.49

B. Full Name (Last, First, Middle Initial)

PAUL N KIERIG

Mailing Address 200 OXFORD RD

City State Zip Code
Tower Lakes IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.44

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692804

Amount of Each Receipt this Period

24.49

C. Full Name (Last, First, Middle Initial)

BARBARA L KILROY

Mailing Address 1036 VINEYARD DRIVE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Audit Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.23

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692208

Amount of Each Receipt this Period

17.42

SUBTOTAL of Receipts This Page (optional)

66.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
BARBARA L KILROY
Mailing Address 1036 VINEYARD DRIVE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Audit Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692661

Amount of Each Receipt this Period

17.42

B. Full Name (Last, First, Middle Initial)
JAMES P KING
Mailing Address 592 TURNER AVENUE

City State Zip Code
GLEN ELLYN IL 60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.97

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692428

Amount of Each Receipt this Period

35.48

C. Full Name (Last, First, Middle Initial)
JAMES P KING
Mailing Address 592 TURNER AVENUE

City State Zip Code
GLEN ELLYN IL 60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

704.45

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692879

Amount of Each Receipt this Period

35.48

SUBTOTAL of Receipts This Page (optional)

88.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 304
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
LAURA S KISTNER
Mailing Address 22047 W. PETOSKEY CT

City State Zip Code
PLAINFIELD IL 60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.54

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692484

Amount of Each Receipt this Period

17.31

B. Full Name (Last, First, Middle Initial)
LAURA S KISTNER
Mailing Address 22047 W. PETOSKEY CT

City State Zip Code
PLAINFIELD IL 60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.85

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692935

Amount of Each Receipt this Period

17.31

C. Full Name (Last, First, Middle Initial)
KEITH A KNAPP
Mailing Address 175 Macarthur Dr #3712

City State Zip Code
Willowbrook IL 60527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Director DSN & CONST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.66

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692270

Amount of Each Receipt this Period

17.74

SUBTOTAL of Receipts This Page (optional)

52.36

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KEITH A KNAPP
Mailing Address 175 Macarthur Dr #3712

City State Zip Code
Willowbrook IL 60527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Director DSN & CONST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.40

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692722

Amount of Each Receipt this Period

17.74

B. Full Name (Last, First, Middle Initial)
JEFFREY D KNIPP
Mailing Address 2050 GLENDALE AVE

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692505

Amount of Each Receipt this Period

28.12

C. Full Name (Last, First, Middle Initial)
JEFFREY D KNIPP
Mailing Address 2050 GLENDALE AVE

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692956

Amount of Each Receipt this Period

28.12

SUBTOTAL of Receipts This Page (optional)

73.98

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) MARY G KNIPP Mailing Address 2050 GLENDALE AVENUE City NORTHBROOK State IL Zip Code 60062 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Allstate Financial Market Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 396.42		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7 Transaction ID: A2007-1692289 Amount of Each Receipt this Period 19.88
B. Full Name (Last, First, Middle Initial) MARY G KNIPP Mailing Address 2050 GLENDALE AVENUE City NORTHBROOK State IL Zip Code 60062 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Allstate Financial Market Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.30		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7 Transaction ID: A2007-1692741 Amount of Each Receipt this Period 19.88
C. Full Name (Last, First, Middle Initial) GARY L KOCHANKEK Mailing Address 743 CARDIGAN CT City NAPERVILLE State IL Zip Code 60565 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Claims Senior Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 621.30		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7 Transaction ID: A2007-1692307 Amount of Each Receipt this Period 32.70

SUBTOTAL of Receipts This Page (optional)

72.46

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
GARY L KOCHANER

Mailing Address 743 CARDIGAN CT

City State Zip Code
NAPERVILLE IL 60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692759

Amount of Each Receipt this Period

32.70

B. Full Name (Last, First, Middle Initial)
JOANNE L KRON

Mailing Address 341 N FIORE PARKWAY

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

796.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692302

Amount of Each Receipt this Period

39.77

C. Full Name (Last, First, Middle Initial)
JOANNE L KRON

Mailing Address 341 N FIORE PARKWAY

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692754

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

112.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MICHAEL A LA MONICA
Mailing Address 22401 BROOKSIDE WAY

City State Zip Code
LAKE BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1264.79

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692357

Amount of Each Receipt this Period

67.29

B. Full Name (Last, First, Middle Initial)
MICHAEL A LA MONICA
Mailing Address 22401 BROOKSIDE WAY

City State Zip Code
LAKE BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1332.08

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692808

Amount of Each Receipt this Period

67.29

C. Full Name (Last, First, Middle Initial)
ANTHONY LASKA
Mailing Address 2707 SKYLINE DRIVE

City State Zip Code
CRYSTAL LAKE IL 60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.33

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692150

Amount of Each Receipt this Period

44.72

SUBTOTAL of Receipts This Page (optional)

179.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ANTHONY LASKA

Mailing Address 2707 SKYLINE DRIVE

City State Zip Code
 CRYSTAL LAKE IL 60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.05

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692603

Amount of Each Receipt this Period

44.72

Full Name (Last, First, Middle Initial)

B. DEBORAH G LAWRENCE

Mailing Address 910 S MICHIGAN AVE #1501

City State Zip Code
 CHICAGO IL 60605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.72

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692277

Amount of Each Receipt this Period

19.88

Full Name (Last, First, Middle Initial)

C. DEBORAH G LAWRENCE

Mailing Address 910 S MICHIGAN AVE #1501

City State Zip Code
 CHICAGO IL 60605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.60

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692729

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

84.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 304
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
PHILLIP E LAWSON

Mailing Address 900 PARK AVENUE NORTH

City State Zip Code
WINTER PARK FL 32789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1363.40

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692512

Amount of Each Receipt this Period

73.04

B. Full Name (Last, First, Middle Initial)
PHILLIP E LAWSON

Mailing Address 900 PARK AVENUE NORTH

City State Zip Code
WINTER PARK FL 32789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1436.44

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692963

Amount of Each Receipt this Period

73.04

C. Full Name (Last, First, Middle Initial)
CATHY A LAZAROFF

Mailing Address 910 S MICHIGAN AVE #1503

City State Zip Code
CHICAGO IL 60605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.18

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692137

Amount of Each Receipt this Period

57.57

SUBTOTAL of Receipts This Page (optional)

203.65

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
CATHY A LAZAROFF

Mailing Address 910 S MICHIGAN AVE #1503

City State Zip Code
CHICAGO IL 60605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1137.75

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692590

Amount of Each Receipt this Period

57.57

B. Full Name (Last, First, Middle Initial)
MICHELLE LEE

Mailing Address 1404 100TH AVENUE NE

City State Zip Code
BELLEVUE WA 98004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1085.09

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692557

Amount of Each Receipt this Period

58.45

C. Full Name (Last, First, Middle Initial)
MICHELLE LEE

Mailing Address 1404 100TH AVENUE NE

City State Zip Code
BELLEVUE WA 98004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1143.54

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1693008

Amount of Each Receipt this Period

58.45

SUBTOTAL of Receipts This Page (optional)

174.47

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. SUSAN L LEES

Mailing Address 1705 DARTMOUTH LN

City State Zip Code
 DEERFIELD IL 60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.49

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692127

Amount of Each Receipt this Period

24.55

Full Name (Last, First, Middle Initial)

B. SUSAN L LEES

Mailing Address 1705 DARTMOUTH LN

City State Zip Code
 DEERFIELD IL 60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.04

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692580

Amount of Each Receipt this Period

24.55

Full Name (Last, First, Middle Initial)

C. ANDREW P LEICHT

Mailing Address 25658 N ARROWHEAD

City State Zip Code
 MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.11

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692312

Amount of Each Receipt this Period

32.69

SUBTOTAL of Receipts This Page (optional)

81.79

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ANDREW P LEIGHT

Mailing Address 25658 N ARROWHEAD

City State Zip Code
 MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.80

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692764

Amount of Each Receipt this Period

32.69

Full Name (Last, First, Middle Initial)

B. NANCY L LEMKE

Mailing Address 5697 BROOKSTONE WALK

City State Zip Code
 ACWORTH GA 30101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.77

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692383

Amount of Each Receipt this Period

21.68

Full Name (Last, First, Middle Initial)

C. NANCY L LEMKE

Mailing Address 5697 BROOKSTONE WALK

City State Zip Code
 ACWORTH GA 30101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.45

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692834

Amount of Each Receipt this Period

21.68

SUBTOTAL of Receipts This Page (optional)

76.05

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
GARY L LEVINE
Mailing Address 9372 S 35TH STREET

City State Zip Code
FRANKLIN WI 53132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Assistant Counsel III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.17

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692481

Amount of Each Receipt this Period

11.63

B. Full Name (Last, First, Middle Initial)
GARY L LEVINE
Mailing Address 9372 S 35TH STREET

City State Zip Code
FRANKLIN WI 53132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Assistant Counsel III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692932

Amount of Each Receipt this Period

11.63

C. Full Name (Last, First, Middle Initial)
KELLY J LIEN
Mailing Address 3 BEDFORD COURT

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.49

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692534

Amount of Each Receipt this Period

17.36

SUBTOTAL of Receipts This Page (optional)

40.62

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

KELLY J LIEN

Mailing Address 3 BEDFORD COURT

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

343.85

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692985

Amount of Each Receipt this Period

17.36

B.

Full Name (Last, First, Middle Initial)

CHARLES M LITTLE

Mailing Address 20 STONEGATE POINT

City

HOT SPRINGS

State

AR

Zip Code

71913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Distribution Support Lead

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

260.12

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692479

Amount of Each Receipt this Period

13.83

C.

Full Name (Last, First, Middle Initial)

CHARLES M LITTLE

Mailing Address 20 STONEGATE POINT

City

HOT SPRINGS

State

AR

Zip Code

71913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Distribution Support Lead

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

273.95

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692930

Amount of Each Receipt this Period

13.83

SUBTOTAL of Receipts This Page (optional)

45.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. TERESA G LOGUE

Mailing Address 7187 PRESIDENTIAL DRIVE

City State Zip Code
 GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Direct Response

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.17

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692335

Amount of Each Receipt this Period

22.44

Full Name (Last, First, Middle Initial)

B. TERESA G LOGUE

Mailing Address 7187 PRESIDENTIAL DRIVE

City State Zip Code
 GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Direct Response

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.61

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692786

Amount of Each Receipt this Period

22.44

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER T LONGEWAY

Mailing Address 1134 W. PATTERSON #1

City State Zip Code
 CHICAGO IL 60613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

527.80

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692368

Amount of Each Receipt this Period

28.05

SUBTOTAL of Receipts This Page (optional)

72.93

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER T LONGEWAY
Mailing Address 1134 W. PATTERSON #1

City State Zip Code
CHICAGO IL 60613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.85

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692819

Amount of Each Receipt this Period

28.05

B. Full Name (Last, First, Middle Initial)
RICHARD E LOTT
Mailing Address 4666 SW HAMMOCK CREEK DR

City State Zip Code
PALM CITY FL 34990

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Distribution Support Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.65

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692243

Amount of Each Receipt this Period

16.35

C. Full Name (Last, First, Middle Initial)
RICHARD E LOTT
Mailing Address 4666 SW HAMMOCK CREEK DR

City State Zip Code
PALM CITY FL 34990

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Distribution Support Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692695

Amount of Each Receipt this Period

16.35

SUBTOTAL of Receipts This Page (optional)

60.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN C LOUNDS

Mailing Address 4424 STONEHAVEN

City State Zip Code
 LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Product AF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

689.52

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692451

Amount of Each Receipt this Period

36.81

Full Name (Last, First, Middle Initial)

B. JOHN C LOUNDS

Mailing Address 4424 STONEHAVEN

City State Zip Code
 LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Product AF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

726.33

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692902

Amount of Each Receipt this Period

36.81

Full Name (Last, First, Middle Initial)

C. COREY C LUECHT

Mailing Address 843 Spring Cove Dr

City State Zip Code
 SCHAUMBURG IL 60193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Accounting Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.55

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692386

Amount of Each Receipt this Period

16.15

SUBTOTAL of Receipts This Page (optional)

89.77

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
COREY C LUECHT

Mailing Address 843 Spring Cove Dr

City State Zip Code
 SCHAUMBURG IL 60193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Accounting Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.70

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692837

Amount of Each Receipt this Period

16.15

B. Full Name (Last, First, Middle Initial)
BENJAMIN E LUMICAO

Mailing Address 343 S. DEARBORN ST. APT. 504

City State Zip Code
 CHICAGO IL 60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.96

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692412

Amount of Each Receipt this Period

30.64

C. Full Name (Last, First, Middle Initial)
BENJAMIN E LUMICAO

Mailing Address 343 S. DEARBORN ST. APT. 504

City State Zip Code
 CHICAGO IL 60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

606.60

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692863

Amount of Each Receipt this Period

30.64

SUBTOTAL of Receipts This Page (optional)

77.43

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DANIEL J MACDONALD
Mailing Address 2250 RIDGETRAIL DR

City State Zip Code
CASTLE ROCK CO 80104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.66

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692461

Amount of Each Receipt this Period

23.99

B. Full Name (Last, First, Middle Initial)
DANIEL J MACDONALD
Mailing Address 2250 RIDGETRAIL DR

City State Zip Code
CASTLE ROCK CO 80104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.65

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692912

Amount of Each Receipt this Period

23.99

C. Full Name (Last, First, Middle Initial)
MORRIS A MADURO
Mailing Address PO BOX 4343

City State Zip Code
NAPERVILLE IL 60567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

711.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692149

Amount of Each Receipt this Period

37.85

SUBTOTAL of Receipts This Page (optional)

85.83

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

MORRIS A MADURO

Mailing Address PO BOX 4343

City State Zip Code
 NAPERVILLE IL 60567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

748.85

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692602

Amount of Each Receipt this Period

37.85

B. Full Name (Last, First, Middle Initial)

KATHERINE MALCOMSON

Mailing Address 185 NILES EAST

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Education and Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.27

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692448

Amount of Each Receipt this Period

19.18

C. Full Name (Last, First, Middle Initial)

KATHERINE MALCOMSON

Mailing Address 185 NILES EAST

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Education and Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.45

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692899

Amount of Each Receipt this Period

19.18

SUBTOTAL of Receipts This Page (optional)

76.21

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
FELIX A MANTILLA

Mailing Address 28601 N. Sky Crest Drive

City State Zip Code
Ivanhoe IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.86

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692463

Amount of Each Receipt this Period

47.10

B. Full Name (Last, First, Middle Initial)
FELIX A MANTILLA

Mailing Address 28601 N. Sky Crest Drive

City State Zip Code
Ivanhoe IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

929.96

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692914

Amount of Each Receipt this Period

47.10

C. Full Name (Last, First, Middle Initial)
KENNETH P MARCOTTE

Mailing Address 2311 HAVERTON DR

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.88

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692317

Amount of Each Receipt this Period

18.07

SUBTOTAL of Receipts This Page (optional)

112.27

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KENNETH P MARCOTTE
Mailing Address 2311 HAVERTON DR

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.95

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692769

Amount of Each Receipt this Period

18.07

B. Full Name (Last, First, Middle Initial)
MICHAEL P MARK
Mailing Address 3178 HAVEN LANE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Planning Con

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.67

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692389

Amount of Each Receipt this Period

37.67

C. Full Name (Last, First, Middle Initial)
MICHAEL P MARK
Mailing Address 3178 HAVEN LANE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Planning Con

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.34

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692840

Amount of Each Receipt this Period

37.67

SUBTOTAL of Receipts This Page (optional)

93.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN R MATHEWS

Mailing Address 401 E NORTH AVENUE

City State Zip Code
 LAKE BLUFF IL 60044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.88

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692413

Amount of Each Receipt this Period

19.88

Full Name (Last, First, Middle Initial)

B. JOHN R MATHEWS

Mailing Address 401 E NORTH AVENUE

City State Zip Code
 LAKE BLUFF IL 60044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.76

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692864

Amount of Each Receipt this Period

19.88

Full Name (Last, First, Middle Initial)

C. W. D Mays

Mailing Address 256 Post Oak Drive

City State Zip Code
 Roanoke VA 24019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territory Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.60

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692219

Amount of Each Receipt this Period

18.20

SUBTOTAL of Receipts This Page (optional)

57.96

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 146 / 304
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

W. D Mays

Mailing Address 256 Post Oak Drive

City	State	Zip Code
Roanoke	VA	24019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Territory Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692672

Amount of Each Receipt this Period

18.20

B.

Full Name (Last, First, Middle Initial)

MICHAEL J MC CABE

Mailing Address 8 S. WYNSTONE DRIVE

City	State	Zip Code
N. BARRINGTON	IL	60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
SVP & Chief Legal Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2129.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692526

Amount of Each Receipt this Period

119.77

C.

Full Name (Last, First, Middle Initial)

MICHAEL J MC CABE

Mailing Address 8 S. WYNSTONE DRIVE

City	State	Zip Code
N. BARRINGTON	IL	60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
SVP & Chief Legal Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2249.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692977

Amount of Each Receipt this Period

119.77

SUBTOTAL of Receipts This Page (optional)

257.74

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MARY J MC GINN
Mailing Address 155 BUCKLEY ROAD

City State Zip Code
BARRINGTON HILL IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President & Deputy G

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1414.42

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692397

Amount of Each Receipt this Period

75.46

B. Full Name (Last, First, Middle Initial)
MARY J MC GINN
Mailing Address 155 BUCKLEY ROAD

City State Zip Code
BARRINGTON HILL IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President & Deputy G

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1489.88

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692848

Amount of Each Receipt this Period

75.46

C. Full Name (Last, First, Middle Initial)
JOHN A MC LAUGHLIN
Mailing Address 25748 N. Stoney Kirk Ct.

City State Zip Code
Hawthorn Woods IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

748.44

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692344

Amount of Each Receipt this Period

39.76

SUBTOTAL of Receipts This Page (optional)

190.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN A MC LAUGHLIN

Mailing Address 25748 N. Stoney Kirk Ct.

City State Zip Code
Hawthorn Woods IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

788.20

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692795

Amount of Each Receipt this Period

39.76

Full Name (Last, First, Middle Initial)

B. PATRICIA M MCCARTHY

Mailing Address 222 STONE FENCE ROAD

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.72

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692164

Amount of Each Receipt this Period

19.88

Full Name (Last, First, Middle Initial)

C. PATRICIA M MCCARTHY

Mailing Address 222 STONE FENCE ROAD

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.60

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692617

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

79.52

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. SALLY J MCCARTHY

Mailing Address 1036 ROLLING PASS

City State Zip Code
 GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Manager Bonus

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.76

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692395

Amount of Each Receipt this Period

13.44

Full Name (Last, First, Middle Initial)

B. SALLY J MCCARTHY

Mailing Address 1036 ROLLING PASS

City State Zip Code
 GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Manager Bonus

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.20

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692846

Amount of Each Receipt this Period

13.44

Full Name (Last, First, Middle Initial)

C. BRIAN D MCCLELLAN

Mailing Address 2206 W. LAWRENCE LANE

City State Zip Code
 MT. PROSPECT IL 60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.22

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692393

Amount of Each Receipt this Period

15.18

SUBTOTAL of Receipts This Page (optional)

42.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
BRIAN D MCCLELLAN

Mailing Address 2206 W. LAWRENCE LANE

City State Zip Code
MT. PROSPECT IL 60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.40

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692844

Amount of Each Receipt this Period

15.18

B. Full Name (Last, First, Middle Initial)
JOSEPH P MCCORMICK

Mailing Address 808 PARKDALE CT.

City State Zip Code
SOUTHLAKE TX 76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692206

Amount of Each Receipt this Period

16.10

C. Full Name (Last, First, Middle Initial)
JOSEPH P MCCORMICK

Mailing Address 808 PARKDALE CT.

City State Zip Code
SOUTHLAKE TX 76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.60

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692659

Amount of Each Receipt this Period

16.10

SUBTOTAL of Receipts This Page (optional)

47.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City State Zip Code
 GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.95

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692535

Amount of Each Receipt this Period

20.82

Full Name (Last, First, Middle Initial)

B. MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City State Zip Code
 GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.77

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692986

Amount of Each Receipt this Period

20.82

Full Name (Last, First, Middle Initial)

C. EVA M MCINTEE

Mailing Address 28 MANCERA

City State Zip Code
 RANCHO SANTA MA CA 92688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.40

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692530

Amount of Each Receipt this Period

30.10

SUBTOTAL of Receipts This Page (optional)

71.74

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

EVAM MCINTEE

Mailing Address 28 MANCERA

City State Zip Code
 RANCHO SANTA MA CA 92688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.50

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692981

Amount of Each Receipt this Period

30.10

B. Full Name (Last, First, Middle Initial)

MICHAEL MCKINNEY

Mailing Address 1207 DEVENS DRIVE

City State Zip Code
 BRENTWOOD TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.24

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692215

Amount of Each Receipt this Period

44.59

C. Full Name (Last, First, Middle Initial)

MICHAEL MCKINNEY

Mailing Address 1207 DEVENS DRIVE

City State Zip Code
 BRENTWOOD TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

879.83

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692668

Amount of Each Receipt this Period

44.59

SUBTOTAL of Receipts This Page (optional)

119.28

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 304
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PATRICIA S MCPHERSON

Mailing Address 3133 N. Walker Lane West

City State Zip Code
Arlington Heights IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.10

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692540

Amount of Each Receipt this Period

16.35

B.

Full Name (Last, First, Middle Initial)

PATRICIA S MCPHERSON

Mailing Address 3133 N. Walker Lane West

City State Zip Code
Arlington Heights IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.45

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692991

Amount of Each Receipt this Period

16.35

C.

Full Name (Last, First, Middle Initial)

JEFFREY J MCRAE

Mailing Address 1213 THORNDAL LN

City State Zip Code
LAKE ZURICH IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.46

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692252

Amount of Each Receipt this Period

20.88

SUBTOTAL of Receipts This Page (optional)

53.58

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JEFFREY J MCRAE

Mailing Address 1213 THORNDAL LN

City State Zip Code
 LAKE ZURICH IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.34

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692704

Amount of Each Receipt this Period

20.88

Full Name (Last, First, Middle Initial)

B. STACY L MCWHORTER

Mailing Address 6345 OLD FARM LANE

City State Zip Code
 GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AF Operations Dept Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.77

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692426

Amount of Each Receipt this Period

11.38

Full Name (Last, First, Middle Initial)

C. STACY L MCWHORTER

Mailing Address 6345 OLD FARM LANE

City State Zip Code
 GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AF Operations Dept Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.15

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692877

Amount of Each Receipt this Period

11.38

SUBTOTAL of Receipts This Page (optional)

43.64

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 304
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DANIEL K MEHIGAN
Mailing Address 1829 GATEWOOD DR

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AF Operations Dept Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.01

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692456

Amount of Each Receipt this Period

11.54

B. Full Name (Last, First, Middle Initial)
DANIEL K MEHIGAN
Mailing Address 1829 GATEWOOD DR

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AF Operations Dept Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.55

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692907

Amount of Each Receipt this Period

11.54

C. Full Name (Last, First, Middle Initial)
GARY A MELLINI
Mailing Address 21050 PRESTWICK DRIVE

City State Zip Code
BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.81

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692144

Amount of Each Receipt this Period

32.47

SUBTOTAL of Receipts This Page (optional)

55.55

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) GARY A MELLINI Mailing Address 21050 PRESTWICK DRIVE City State Zip Code BARRINGTON IL 60010 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Fiel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 641.28		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7 Transaction ID: A2007-1692597 Amount of Each Receipt this Period 32.47
B. Full Name (Last, First, Middle Initial) JANE M MELLON Mailing Address 184 GARFIELD City State Zip Code ELMHURST IL 60126 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 786.80		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7 Transaction ID: A2007-1692323 Amount of Each Receipt this Period 39.77
C. Full Name (Last, First, Middle Initial) JANE M MELLON Mailing Address 184 GARFIELD City State Zip Code ELMHURST IL 60126 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 826.57		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7 Transaction ID: A2007-1692775 Amount of Each Receipt this Period 39.77

SUBTOTAL of Receipts This Page (optional)

112.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 304
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
HANS H METZINGER
Mailing Address 407 E. CLAIRE LANE

City State Zip Code
PROSPECT HTS IL 60070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Distribution Support Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.14

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: A2007-1692379

Amount of Each Receipt this Period

16.35

B. Full Name (Last, First, Middle Initial)
HANS H METZINGER
Mailing Address 407 E. CLAIRE LANE

City State Zip Code
PROSPECT HTS IL 60070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Distribution Support Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.49

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: A2007-1692830

Amount of Each Receipt this Period

16.35

C. Full Name (Last, First, Middle Initial)
JOHN W MICHELI
Mailing Address 1328 FOREVER AVE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP-ENCOMPASS FINANCE & D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.31

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: A2007-1692151

Amount of Each Receipt this Period

13.24

SUBTOTAL of Receipts This Page (optional)

45.94

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 158 / 304
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN W MICHELI

Mailing Address 1328 FOREVER AVE

City	State	Zip Code
LIBERTYVILLE	IL	60048

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
AVP-ENCOMPASS FINANCE & D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692604

Amount of Each Receipt this Period

13.24

Full Name (Last, First, Middle Initial)

B. JACK C MIGDAL

Mailing Address 4240 FOREST GLEN DRIVE

City	State	Zip Code
HOFFMAN ESTATES	IL	60195

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692167

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

C. JACK C MIGDAL

Mailing Address 4240 FOREST GLEN DRIVE

City	State	Zip Code
HOFFMAN ESTATES	IL	60195

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692620

Amount of Each Receipt this Period

16.35

SUBTOTAL of Receipts This Page (optional)

45.94

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 304
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

FREDERICK J MILLER

Mailing Address 6975 MEADOW POINT TER

City State Zip Code
 NEW MARKET MD 21774

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.99

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692272

Amount of Each Receipt this Period

22.76

B.

Full Name (Last, First, Middle Initial)

FREDERICK J MILLER

Mailing Address 6975 MEADOW POINT TER

City State Zip Code
 NEW MARKET MD 21774

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.75

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692724

Amount of Each Receipt this Period

22.76

C.

Full Name (Last, First, Middle Initial)

STEVEN M MILLER

Mailing Address 1625 THORNEAPPLE LANE

City State Zip Code
 ALGONQUIN IL 60102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.14

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692441

Amount of Each Receipt this Period

20.87

SUBTOTAL of Receipts This Page (optional)

66.39

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
STEVEN M MILLER

Mailing Address 1625 THORNEAPPLE LANE

City State Zip Code
ALGONQUIN IL 60102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.01

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692892

Amount of Each Receipt this Period

20.87

B. Full Name (Last, First, Middle Initial)
CHRISTINE K MINER

Mailing Address 25264 MCINTYRE SQUARE

City State Zip Code
SOUTH RIDING VA 20152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territorial Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692245

Amount of Each Receipt this Period

24.15

C. Full Name (Last, First, Middle Initial)
CHRISTINE K MINER

Mailing Address 25264 MCINTYRE SQUARE

City State Zip Code
SOUTH RIDING VA 20152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territorial Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.65

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692697

Amount of Each Receipt this Period

24.15

SUBTOTAL of Receipts This Page (optional)

69.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 304
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. APRIL A MINKUS

Mailing Address 1132 GREENTREE ST.

City

DEERFIELD

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.82

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692372

Amount of Each Receipt this Period

15.18

Full Name (Last, First, Middle Initial)

B. APRIL A MINKUS

Mailing Address 1132 GREENTREE ST.

City

DEERFIELD

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692823

Amount of Each Receipt this Period

15.18

Full Name (Last, First, Middle Initial)

C. NEIL J MINNICH

Mailing Address 405 N. WABASH AVE. UNIT 4210

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Underwriting Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

753.53

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692131

Amount of Each Receipt this Period

39.67

SUBTOTAL of Receipts This Page (optional)

70.03

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 304
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
NEIL J MINNICH

Mailing Address 405 N. WABASH AVE. UNIT 4210

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Underwriting Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

793.20

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692584

Amount of Each Receipt this Period

39.67

B. Full Name (Last, First, Middle Initial)
ALLISON MISQUEZ

Mailing Address 4449 ORIOLE CT

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territory Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.09

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692543

Amount of Each Receipt this Period

13.51

C. Full Name (Last, First, Middle Initial)
ALLISON MISQUEZ

Mailing Address 4449 ORIOLE CT

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territory Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.60

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692994

Amount of Each Receipt this Period

13.51

SUBTOTAL of Receipts This Page (optional)

66.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 304

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ALLISON L MOE

Mailing Address 215 Brampton Lane

City State Zip Code
 Lake Forest IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Field Operations M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.31

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692349

Amount of Each Receipt this Period

14.50

Full Name (Last, First, Middle Initial)

B. ALLISON L MOE

Mailing Address 215 Brampton Lane

City State Zip Code
 Lake Forest IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Field Operations M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.81

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692800

Amount of Each Receipt this Period

14.50

Full Name (Last, First, Middle Initial)

C. LAWRENCE P MOEWS

Mailing Address 740 W. JENNIFER CT.

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Investor R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

926.47

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692315

Amount of Each Receipt this Period

49.41

SUBTOTAL of Receipts This Page (optional)

78.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
LAWRENCE P MOEWS

Mailing Address 740 W. JENNIFER CT.

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Investor R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.88

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692767

Amount of Each Receipt this Period

49.41

B. Full Name (Last, First, Middle Initial)
MARCIE E MOLEK

Mailing Address 400 KEVIN LANE

City State Zip Code
GRAYSLAKE IL 60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.65

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692330

Amount of Each Receipt this Period

21.45

C. Full Name (Last, First, Middle Initial)
MARCIE E MOLEK

Mailing Address 400 KEVIN LANE

City State Zip Code
GRAYSLAKE IL 60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.10

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692781

Amount of Each Receipt this Period

21.45

SUBTOTAL of Receipts This Page (optional)

92.31

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 165 / 304
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
SHARON L MOLLER

Mailing Address 19702 88TH AVE W

City	State	Zip Code
EDMONDS	WA	98026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692539

Amount of Each Receipt this Period

16.35

B. Full Name (Last, First, Middle Initial)
SHARON L MOLLER

Mailing Address 19702 88TH AVE W

City	State	Zip Code
EDMONDS	WA	98026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692990

Amount of Each Receipt this Period

16.35

C. Full Name (Last, First, Middle Initial)
EDWARD J MORAN

Mailing Address 131 ADELAIDE UNIT 406

City	State	Zip Code
ELMHURST	IL	60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

914.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692205

Amount of Each Receipt this Period

48.63

SUBTOTAL of Receipts This Page (optional)

81.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
EDWARD J MORAN
Mailing Address 131 ADELAIDE UNIT 406

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

962.73

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692658

Amount of Each Receipt this Period

48.63

B. Full Name (Last, First, Middle Initial)
KAREN S MORRIS
Mailing Address 27707 LA VISTA DRIVE

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.09

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692416

Amount of Each Receipt this Period

39.76

C. Full Name (Last, First, Middle Initial)
KAREN S MORRIS
Mailing Address 27707 LA VISTA DRIVE

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.85

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692867

Amount of Each Receipt this Period

39.76

SUBTOTAL of Receipts This Page (optional)

128.15

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
J R MOSELEY III

Mailing Address 1808 N CASCADE DRIVE

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Human Resource Senior Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692228

Amount of Each Receipt this Period

14.14

B. Full Name (Last, First, Middle Initial)
J R MOSELEY III

Mailing Address 1808 N CASCADE DRIVE

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Human Resource Senior Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692681

Amount of Each Receipt this Period

14.14

C. Full Name (Last, First, Middle Initial)
LARRY E MOSER

Mailing Address 611 W. BURNING TREE LANE

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Sales Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692322

Amount of Each Receipt this Period

28.35

SUBTOTAL of Receipts This Page (optional)

56.63

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 168 / 304
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) LARRY E MOSER Mailing Address 611 W. BURNING TREE LANE City State Zip Code ARLINGTON HTS IL 60004 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Sales Operations Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 566.60		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7 Transaction ID: A2007-1692774 Amount of Each Receipt this Period 28.35
B. Full Name (Last, First, Middle Initial) MEGHAN O MULVIHILL Mailing Address 2445 CHERRY LANE City State Zip Code NORTHBROOK IL 60062 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Associate Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 551.08		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7 Transaction ID: A2007-1692212 Amount of Each Receipt this Period 31.14
C. Full Name (Last, First, Middle Initial) MEGHAN O MULVIHILL Mailing Address 2445 CHERRY LANE City State Zip Code NORTHBROOK IL 60062 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Associate Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 582.22		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7 Transaction ID: A2007-1692665 Amount of Each Receipt this Period 31.14

SUBTOTAL of Receipts This Page (optional)

90.63

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MICHAEL F MULVIHILL
Mailing Address 2445 CHERRY LANE

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.06

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692308

Amount of Each Receipt this Period

36.84

B. Full Name (Last, First, Middle Initial)
MICHAEL F MULVIHILL
Mailing Address 2445 CHERRY LANE

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

728.90

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692760

Amount of Each Receipt this Period

36.84

C. Full Name (Last, First, Middle Initial)
MICHAEL A MURPHY
Mailing Address 233 WOOD CREEK ROAD #305

City State Zip Code
WHEELING IL 60090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.44

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692495

Amount of Each Receipt this Period

39.76

SUBTOTAL of Receipts This Page (optional)

113.44

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL A MURPHY

Mailing Address 233 WOOD CREEK ROAD #305

City State Zip Code
WHEELING IL 60090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.20

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692946

Amount of Each Receipt this Period

39.76

Full Name (Last, First, Middle Initial)

B. LINDA MYERS

Mailing Address 2333 CENTRAL ST #101

City State Zip Code
EVANSTON IL 60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Tax Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.81

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692485

Amount of Each Receipt this Period

15.69

Full Name (Last, First, Middle Initial)

C. LINDA MYERS

Mailing Address 2333 CENTRAL ST #101

City State Zip Code
EVANSTON IL 60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Tax Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692936

Amount of Each Receipt this Period

15.69

SUBTOTAL of Receipts This Page (optional)

71.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DAVID G NADIG
Mailing Address 2950 LAKE PLACID

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

906.09

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692435

Amount of Each Receipt this Period

48.54

B. Full Name (Last, First, Middle Initial)
DAVID G NADIG
Mailing Address 2950 LAKE PLACID

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

954.63

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692886

Amount of Each Receipt this Period

48.54

C. Full Name (Last, First, Middle Initial)
BRIAN J NAGEL
Mailing Address 1211 AIMTREE

City State Zip Code
SCHAUMBURG IL 60194

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.69

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692339

Amount of Each Receipt this Period

37.21

SUBTOTAL of Receipts This Page (optional)

134.29

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) BRIAN J NAGEL Mailing Address 1211 AIMTREE City State Zip Code SCHAUMBURG IL 60194 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation CC IT Systems Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 737.90		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-1692790 Amount of Each Receipt this Period <table border="1"> <tr> <td>37.21</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	7	37.21
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	8		2	0	0	7														
37.21																							
B. Full Name (Last, First, Middle Initial) JOAN M NAUGHTON-GERDES Mailing Address 650 MALIBOU City State Zip Code PALATINE IL 60074 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation CC IT Systems Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.94		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-1692414 Amount of Each Receipt this Period <table border="1"> <tr> <td>19.26</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	0	7	19.26
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	4		2	0	0	7														
19.26																							
C. Full Name (Last, First, Middle Initial) JOAN M NAUGHTON-GERDES Mailing Address 650 MALIBOU City State Zip Code PALATINE IL 60074 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation CC IT Systems Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 385.20		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-1692865 Amount of Each Receipt this Period <table border="1"> <tr> <td>19.26</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	7	19.26
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	8		2	0	0	7														
19.26																							

SUBTOTAL of Receipts This Page (optional)

75.73

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 304
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City State Zip Code
BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2037.94

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692294

Amount of Each Receipt this Period

108.80

Full Name (Last, First, Middle Initial)

B. DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City State Zip Code
BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2146.74

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692746

Amount of Each Receipt this Period

108.80

Full Name (Last, First, Middle Initial)

C. JEANNIE M NEWMAN

Mailing Address 9969 LONGVIEW DRIVE

City State Zip Code
LITTLETON CO 80124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territorial Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.29

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692525

Amount of Each Receipt this Period

17.91

SUBTOTAL of Receipts This Page (optional)

235.51

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JEANNIE M NEWMAN

Mailing Address 9969 LONGVIEW DRIVE

City State Zip Code
 LITTLETON CO 80124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territorial Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

358.20

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692976

Amount of Each Receipt this Period

17.91

Full Name (Last, First, Middle Initial)

B. PATRICK K NOLL

Mailing Address 22451 THORNBURY CT

City State Zip Code
 DEER PARK IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.71

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692496

Amount of Each Receipt this Period

22.86

Full Name (Last, First, Middle Initial)

C. PATRICK K NOLL

Mailing Address 22451 THORNBURY CT

City State Zip Code
 DEER PARK IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.57

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692947

Amount of Each Receipt this Period

22.86

SUBTOTAL of Receipts This Page (optional)

63.63

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. THOMAS R NORTON

Mailing Address 1423 PIONEER COURT

City State Zip Code
WAUKEGAN IL 60085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Senior Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.70

Date of Receipt

M M / D D / Y Y Y Y
09 14 2007

Transaction ID: A2007-1692429

Amount of Each Receipt this Period

29.30

Full Name (Last, First, Middle Initial)

B. THOMAS R NORTON

Mailing Address 1423 PIONEER COURT

City State Zip Code
WAUKEGAN IL 60085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Senior Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.00

Date of Receipt

M M / D D / Y Y Y Y
09 28 2007

Transaction ID: A2007-1692880

Amount of Each Receipt this Period

29.30

Full Name (Last, First, Middle Initial)

C. RICHARD C O'BRIEN

Mailing Address 574 S. COUNTRY RIDGE

City State Zip Code
LAKE ZURICH IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.88

Date of Receipt

M M / D D / Y Y Y Y
09 14 2007

Transaction ID: A2007-1692285

Amount of Each Receipt this Period

18.52

SUBTOTAL of Receipts This Page (optional)

77.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 RICHARD C O'BRIEN
 Mailing Address 574 S. COUNTRY RIDGE

City State Zip Code
 LAKE ZURICH IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.40

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692737

Amount of Each Receipt this Period

18.52

B. Full Name (Last, First, Middle Initial)
 JOHN O'MALLEY
 Mailing Address 1816 ASPEN LANE

City State Zip Code
 MOUNT PROSPECT IL 60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Human Resource Senior Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.25

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692406

Amount of Each Receipt this Period

16.35

C. Full Name (Last, First, Middle Initial)
 JOHN O'MALLEY
 Mailing Address 1816 ASPEN LANE

City State Zip Code
 MOUNT PROSPECT IL 60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Human Resource Senior Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.60

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692857

Amount of Each Receipt this Period

16.35

SUBTOTAL of Receipts This Page (optional)

51.22

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 177 / 304
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City	State	Zip Code
NAPERVILLE	IL	60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Agency Consulting Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692166

Amount of Each Receipt this Period

25.76

B. Full Name (Last, First, Middle Initial)
MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City	State	Zip Code
NAPERVILLE	IL	60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Agency Consulting Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692619

Amount of Each Receipt this Period

25.76

C. Full Name (Last, First, Middle Initial)
ROGER D ODLE II

Mailing Address 5170 BARCROFT DRIVE

City	State	Zip Code
HOFFMAN ESTATES	IL	60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

619.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692403

Amount of Each Receipt this Period

33.28

SUBTOTAL of Receipts This Page (optional)

84.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 ROGER D ODLE II
 Mailing Address 5170 BARCROFT DRIVE

City State Zip Code
 HOFFMAN ESTATES IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

652.60

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692854

Amount of Each Receipt this Period

33.28

B. Full Name (Last, First, Middle Initial)
 KATHY A OLCESE
 Mailing Address 35 YORK ST

City State Zip Code
 HUDSON OH 44236

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 AVP Risk Management Busin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.55

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692274

Amount of Each Receipt this Period

23.66

C. Full Name (Last, First, Middle Initial)
 KATHY A OLCESE
 Mailing Address 35 YORK ST

City State Zip Code
 HUDSON OH 44236

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 AVP Risk Management Busin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

469.21

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692726

Amount of Each Receipt this Period

23.66

SUBTOTAL of Receipts This Page (optional)

80.60

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
CRAIG A OLDHAM

Mailing Address 2606 N Paulina ST

City State Zip Code
CHICAGO IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

638.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692470

Amount of Each Receipt this Period

34.02

B. Full Name (Last, First, Middle Initial)
CRAIG A OLDHAM

Mailing Address 2606 N Paulina ST

City State Zip Code
CHICAGO IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692921

Amount of Each Receipt this Period

34.02

C. Full Name (Last, First, Middle Initial)
JAMES L OSBORNE

Mailing Address 1224 ST. WILLIAM

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Vice President Procurement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1220.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692486

Amount of Each Receipt this Period

64.62

SUBTOTAL of Receipts This Page (optional)

132.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JAMES L OSBORNE

Mailing Address 1224 ST. WILLIAM

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Procurement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.08

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692937

Amount of Each Receipt this Period

64.62

Full Name (Last, First, Middle Initial)

B. PAMELA J OVERTON

Mailing Address 9352 ANSLEY LANE

City State Zip Code
 BRENTWOOD TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Field Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.96

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692251

Amount of Each Receipt this Period

35.79

Full Name (Last, First, Middle Initial)

C. PAMELA J OVERTON

Mailing Address 9352 ANSLEY LANE

City State Zip Code
 BRENTWOOD TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Field Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

709.75

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692703

Amount of Each Receipt this Period

35.79

SUBTOTAL of Receipts This Page (optional)

136.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ALAN D PAGE

Mailing Address 13530 LUCKY LAKE DRIVE

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP-Agency Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

678.54

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692551

Amount of Each Receipt this Period

36.35

Full Name (Last, First, Middle Initial)

B. ALAN D PAGE

Mailing Address 13530 LUCKY LAKE DRIVE

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP-Agency Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

714.89

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1693002

Amount of Each Receipt this Period

36.35

Full Name (Last, First, Middle Initial)

C. DEAN T PAPPAS

Mailing Address 3406 VICEROY COURT

City State Zip Code
 EDGEWATER MD 21037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.42

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692207

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

112.47

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DEAN T PAPPAS

Mailing Address 3406 VICEROY COURT

City State Zip Code
EDGEWATER MD 21037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692660

Amount of Each Receipt this Period

39.77

B. Full Name (Last, First, Middle Initial)
ROBERT L PARK

Mailing Address 1107 BONITA DRIVE

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Public Relations Mana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

986.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692404

Amount of Each Receipt this Period

52.51

C. Full Name (Last, First, Middle Initial)
ROBERT L PARK

Mailing Address 1107 BONITA DRIVE

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Public Relations Mana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1039.49

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692855

Amount of Each Receipt this Period

52.51

SUBTOTAL of Receipts This Page (optional)

144.79

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 ROGER D PARKER
 Mailing Address 1305 N MAIDSTONE

City State Zip Code
 VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Corporate Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

896.55

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692547

Amount of Each Receipt this Period

47.78

B. Full Name (Last, First, Middle Initial)
 ROGER D PARKER
 Mailing Address 1305 N MAIDSTONE

City State Zip Code
 VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Corporate Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

944.33

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692998

Amount of Each Receipt this Period

47.78

C. Full Name (Last, First, Middle Initial)
 MAYUR M PATEL
 Mailing Address 742 E PARKVIEW CT

City State Zip Code
 ROSELLE IL 60172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.07

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692341

Amount of Each Receipt this Period

30.33

SUBTOTAL of Receipts This Page (optional)

125.89

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MAYUR M PATEL
Mailing Address 742 E PARKVIEW CT

City State Zip Code
ROSELLE IL 60172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

599.40

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692792

Amount of Each Receipt this Period

30.33

B. Full Name (Last, First, Middle Initial)
CHARLES PAUL
Mailing Address 301 CAMELOT LANE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President PCCSO Stra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1356.03

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692193

Amount of Each Receipt this Period

71.54

C. Full Name (Last, First, Middle Initial)
CHARLES PAUL
Mailing Address 301 CAMELOT LANE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President PCCSO Stra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1427.57

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692646

Amount of Each Receipt this Period

71.54

SUBTOTAL of Receipts This Page (optional)

173.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
RONALD J PEPPING

Mailing Address 934 LEWIS PLACE

City State Zip Code
GENEVA IL 60134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Ivantage Financial Manage

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.13

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692380

Amount of Each Receipt this Period

29.57

B. Full Name (Last, First, Middle Initial)
RONALD J PEPPING

Mailing Address 934 LEWIS PLACE

City State Zip Code
GENEVA IL 60134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Ivantage Financial Manage

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.70

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692831

Amount of Each Receipt this Period

29.57

C. Full Name (Last, First, Middle Initial)
FLORIE S PERELLIS

Mailing Address 1480 MINTHAVEN RD

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

888.99

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692155

Amount of Each Receipt this Period

47.43

SUBTOTAL of Receipts This Page (optional)

106.57

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 FLORIE S PERELLIS
 Mailing Address 1480 MINTHAVEN RD

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

936.42

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692608

Amount of Each Receipt this Period

47.43

B. Full Name (Last, First, Middle Initial)
 NANCY A PERRY
 Mailing Address 3575 CALDERWOOD DR

City State Zip Code
 ROCKFORD IL 61114

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.41

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692402

Amount of Each Receipt this Period

17.44

C. Full Name (Last, First, Middle Initial)
 NANCY A PERRY
 Mailing Address 3575 CALDERWOOD DR

City State Zip Code
 ROCKFORD IL 61114

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.85

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692853

Amount of Each Receipt this Period

17.44

SUBTOTAL of Receipts This Page (optional)

82.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
JUDITH M PETRAY
Mailing Address 539 KELMORE ST

City State Zip Code
MOSS BEACH CA 94038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Managing Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.65

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692129

Amount of Each Receipt this Period

16.35

B. Full Name (Last, First, Middle Initial)
JUDITH M PETRAY
Mailing Address 539 KELMORE ST

City State Zip Code
MOSS BEACH CA 94038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Managing Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692582

Amount of Each Receipt this Period

16.35

C. Full Name (Last, First, Middle Initial)
STEVEN A PETTI
Mailing Address 580 SALCEDA DR

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.41

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692154

Amount of Each Receipt this Period

48.84

SUBTOTAL of Receipts This Page (optional)

81.54

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
STEVEN A PETTI
Mailing Address 580 SALCEDA DR

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.25

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692607

Amount of Each Receipt this Period

48.84

B. Full Name (Last, First, Middle Initial)
JOHN C PINTOZZI
Mailing Address 2116 W CHURCHILL ST

City State Zip Code
CHICAGO IL 60647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Finance -

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.14

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692293

Amount of Each Receipt this Period

65.52

C. Full Name (Last, First, Middle Initial)
JOHN C PINTOZZI
Mailing Address 2116 W CHURCHILL ST

City State Zip Code
CHICAGO IL 60647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Finance -

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.66

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692745

Amount of Each Receipt this Period

65.52

SUBTOTAL of Receipts This Page (optional)

179.88

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) RICHARD E PORTER Mailing Address 20827 36TH PL W City LYNNWOOD State WA Zip Code 98036 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Staff Claims Service Adju Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.60		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7 Transaction ID: A2007-1692989 Amount of Each Receipt this Period 10.33
B. Full Name (Last, First, Middle Initial) DAVID J PRENDERGAST Mailing Address 2816 HAVEN LANE City LINDENHURST State IL Zip Code 60046 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Regional Distribution Lea Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 714.56		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7 Transaction ID: A2007-1692147 Amount of Each Receipt this Period 39.44
C. Full Name (Last, First, Middle Initial) DAVID J PRENDERGAST Mailing Address 2816 HAVEN LANE City LINDENHURST State IL Zip Code 60046 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Regional Distribution Lea Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 754.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7 Transaction ID: A2007-1692600 Amount of Each Receipt this Period 39.44

SUBTOTAL of Receipts This Page (optional)**89.21****TOTAL** This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MARTIN PRZYGODA

Mailing Address 17516 KATIE COURT

City State Zip Code
 GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Finance and Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.98

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692305

Amount of Each Receipt this Period

27.71

Full Name (Last, First, Middle Initial)

B. MARTIN PRZYGODA

Mailing Address 17516 KATIE COURT

City State Zip Code
 GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Finance and Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.69

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692757

Amount of Each Receipt this Period

27.71

Full Name (Last, First, Middle Initial)

C. THOMAS G PURTELL

Mailing Address 22663 CHESHIRE COURT

City State Zip Code
 DEER PARK IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.30

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692432

Amount of Each Receipt this Period

21.60

SUBTOTAL of Receipts This Page (optional)

77.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. THOMAS G PURTELL

Mailing Address 22663 CHESHIRE COURT

City State Zip Code
 DEER PARK IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.90

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692883

Amount of Each Receipt this Period

21.60

Full Name (Last, First, Middle Initial)

B. JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City State Zip Code
 ARLINGTON HGTS IL 60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.14

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692558

Amount of Each Receipt this Period

29.46

Full Name (Last, First, Middle Initial)

C. JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City State Zip Code
 ARLINGTON HGTS IL 60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.60

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1693009

Amount of Each Receipt this Period

29.46

SUBTOTAL of Receipts This Page (optional)

80.52

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOSEPH P RATH

Mailing Address 359 STAFFORD COURT

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1054.28

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692263

Amount of Each Receipt this Period

56.17

Full Name (Last, First, Middle Initial)

B. JOSEPH P RATH

Mailing Address 359 STAFFORD COURT

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.45

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692715

Amount of Each Receipt this Period

56.17

Full Name (Last, First, Middle Initial)

C. JOHN B REARDON

Mailing Address 441 KELLY LANE

City State Zip Code
 CRYSTAL LAKE IL 60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.90

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692133

Amount of Each Receipt this Period

40.75

SUBTOTAL of Receipts This Page (optional)

153.09

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN B REARDON

Mailing Address 441 KELLY LANE

City State Zip Code
 CRYSTAL LAKE IL 60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

811.65

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692586

Amount of Each Receipt this Period

40.75

Full Name (Last, First, Middle Initial)

B. KEVIN P RICE

Mailing Address 703 ETON COURT

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Planning Con

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.53

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692351

Amount of Each Receipt this Period

34.79

Full Name (Last, First, Middle Initial)

C. KEVIN P RICE

Mailing Address 703 ETON COURT

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Planning Con

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.32

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692802

Amount of Each Receipt this Period

34.79

SUBTOTAL of Receipts This Page (optional)

110.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 304
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
BRIAN R RICHARD
Mailing Address 37 JOSEPH PLACE

City State Zip Code
WAYNE NJ 07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.04

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692577

Amount of Each Receipt this Period

23.56

B. Full Name (Last, First, Middle Initial)
JOSEPH J RICHARDSON
Mailing Address 1411 PARSONS LANE

City State Zip Code
LOWER GWYNEDD PA 19002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1277.72

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692196

Amount of Each Receipt this Period

69.23

C. Full Name (Last, First, Middle Initial)
JOSEPH J RICHARDSON
Mailing Address 1411 PARSONS LANE

City State Zip Code
LOWER GWYNEDD PA 19002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.95

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692649

Amount of Each Receipt this Period

69.23

SUBTOTAL of Receipts This Page (optional)

162.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) ROBIN R RICHMOND			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 9 HAWTHORN GROVE CIRCLE			Transaction ID: A2007-1692425	
City State Zip Code HAWTHORN WOODS IL 60047			Amount of Each Receipt this Period 25.54	
FEC ID number of contributing federal political committee. C				
Name of Employer Allstate Insurance Company		Occupation AVP Technology Shared Ser		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 479.24		
B. Full Name (Last, First, Middle Initial) ROBIN R RICHMOND			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 9 HAWTHORN GROVE CIRCLE			Transaction ID: A2007-1692876	
City State Zip Code HAWTHORN WOODS IL 60047			Amount of Each Receipt this Period 25.54	
FEC ID number of contributing federal political committee. C				
Name of Employer Allstate Insurance Company		Occupation AVP Technology Shared Ser		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 504.78		
C. Full Name (Last, First, Middle Initial) ANDREW T RIEDER			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 7 ONEIDA LANE			Transaction ID: A2007-1692201	
City State Zip Code HAWTHORN WOODS IL 60047			Amount of Each Receipt this Period 47.17	
FEC ID number of contributing federal political committee. C				
Name of Employer Allstate Insurance Company		Occupation AVP Homeowner Initiative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 883.49		

SUBTOTAL of Receipts This Page (optional)

98.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ANDREW T RIEDER

Mailing Address 7 ONEIDA LANE

City State Zip Code
 HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Homeowner Initiative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.66

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692654

Amount of Each Receipt this Period

47.17

Full Name (Last, First, Middle Initial)

B. DANIEL J RIVERA

Mailing Address 1632 OLD BARN CIRCLE

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

631.63

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692491

Amount of Each Receipt this Period

80.77

Full Name (Last, First, Middle Initial)

C. DANIEL J RIVERA

Mailing Address 1632 OLD BARN CIRCLE

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

712.40

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692942

Amount of Each Receipt this Period

80.77

SUBTOTAL of Receipts This Page (optional)

208.71

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JESSICA D RIVERA

Mailing Address 2055 LOCKRIDGE PLACE

City State Zip Code
 EL DORADO HILLS CA 95762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Corporate Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.87

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692556

Amount of Each Receipt this Period

6.75

Full Name (Last, First, Middle Initial)

B. JESSICA D RIVERA

Mailing Address 2055 LOCKRIDGE PLACE

City State Zip Code
 EL DORADO HILLS CA 95762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Corporate Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

566.62

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1693007

Amount of Each Receipt this Period

6.75

Full Name (Last, First, Middle Initial)

C. MARIO RIZZO

Mailing Address 5926 W. 90TH PLACE

City State Zip Code
 OAK LAWN IL 60453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

753.02

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692355

Amount of Each Receipt this Period

40.41

SUBTOTAL of Receipts This Page (optional)

53.91

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MARIO RIZZO
Mailing Address 5926 W. 90TH PLACE

City State Zip Code
OAK LAWN IL 60453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

793.43

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692806

Amount of Each Receipt this Period

40.41

B. Full Name (Last, First, Middle Initial)
CLAY F ROBERTS
Mailing Address 3075 Sanders Road Suite G2E

City State Zip Code
Northbrook IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.52

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692548

Amount of Each Receipt this Period

34.53

C. Full Name (Last, First, Middle Initial)
CLAY F ROBERTS
Mailing Address 3075 Sanders Road Suite G2E

City State Zip Code
Northbrook IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688.05

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692999

Amount of Each Receipt this Period

34.53

SUBTOTAL of Receipts This Page (optional)

109.47

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 304
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. DANIEL P ROBERTS

Mailing Address 4374 W Anderson Rd

City State Zip Code
South Euclid OH 44121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.23

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692190

Amount of Each Receipt this Period

21.07

Full Name (Last, First, Middle Initial)

B. DANIEL P ROBERTS

Mailing Address 4374 W Anderson Rd

City State Zip Code
South Euclid OH 44121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.30

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692643

Amount of Each Receipt this Period

21.07

Full Name (Last, First, Middle Initial)

C. MICHAEL J ROCHE

Mailing Address 270 KINGSWAY DRIVE

City State Zip Code
AURORA IL 60506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
SVP-PROTECTION TECH & ADM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.28

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692370

Amount of Each Receipt this Period

93.92

SUBTOTAL of Receipts This Page (optional)

136.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MICHAEL J ROCHE
Mailing Address 270 KINGSWAY DRIVE

City State Zip Code
AURORA IL 60506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
SVP-PROTECTION TECH & ADM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

939.20

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692821

Amount of Each Receipt this Period

93.92

B. Full Name (Last, First, Middle Initial)
GREGORY C ROHLFING
Mailing Address 106 ASHLAND

City State Zip Code
RIVER FOREST IL 60305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.63

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692288

Amount of Each Receipt this Period

39.77

C. Full Name (Last, First, Middle Initial)
GREGORY C ROHLFING
Mailing Address 106 ASHLAND

City State Zip Code
RIVER FOREST IL 60305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.40

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692740

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

173.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DONNA J ROSEMEYER

Mailing Address 810 S THURLOW STREET

City State Zip Code
HINSDALE IL 60521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.09

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692364

Amount of Each Receipt this Period

28.54

B. Full Name (Last, First, Middle Initial)
DONNA J ROSEMEYER

Mailing Address 810 S THURLOW STREET

City State Zip Code
HINSDALE IL 60521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.63

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692815

Amount of Each Receipt this Period

28.54

C. Full Name (Last, First, Middle Initial)
JACQUELINE A ROTHE

Mailing Address 4763 WELLINGTON DRIVE

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Distribution Support Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.25

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692553

Amount of Each Receipt this Period

16.35

SUBTOTAL of Receipts This Page (optional)

73.43

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JACQUELINE A ROTHE

Mailing Address 4763 WELLINGTON DRIVE

City State Zip Code
 LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Distribution Support Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.60

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1693004

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

B. DONALD L RUDD

Mailing Address 25 CRESTVIEW TERRACE

City State Zip Code
 BUFFALO GROVE IL 60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.99

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692503

Amount of Each Receipt this Period

13.51

Full Name (Last, First, Middle Initial)

C. DONALD L RUDD

Mailing Address 25 CRESTVIEW TERRACE

City State Zip Code
 BUFFALO GROVE IL 60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.50

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692954

Amount of Each Receipt this Period

13.51

SUBTOTAL of Receipts This Page (optional)

43.37

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
GEORGE E RUEBENSON

Mailing Address 29 FOX TR

City State Zip Code
 LINCOLNSHIRE IL 60069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
SVP-P-CCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2393.60

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692421

Amount of Each Receipt this Period

126.92

B. Full Name (Last, First, Middle Initial)
GEORGE E RUEBENSON

Mailing Address 29 FOX TR

City State Zip Code
 LINCOLNSHIRE IL 60069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
SVP-P-CCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2520.52

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692872

Amount of Each Receipt this Period

126.92

C. Full Name (Last, First, Middle Initial)
CASSANDRA C RUSSELL

Mailing Address 2483 Titans Lane

City State Zip Code
 Nashville TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.97

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692476

Amount of Each Receipt this Period

11.43

SUBTOTAL of Receipts This Page (optional)

265.27

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
CASSANDRA C RUSSELL

Mailing Address 2483 Titans Lane

City State Zip Code
Nashville TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692927

Amount of Each Receipt this Period

11.43

B. Full Name (Last, First, Middle Initial)
DOREEN M RYAN

Mailing Address 17 ALSTON COURT

City State Zip Code
RED BANK NJ 07701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Managing Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692185

Amount of Each Receipt this Period

21.80

C. Full Name (Last, First, Middle Initial)
DOREEN M RYAN

Mailing Address 17 ALSTON COURT

City State Zip Code
RED BANK NJ 07701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Managing Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692638

Amount of Each Receipt this Period

21.80

SUBTOTAL of Receipts This Page (optional)

55.03

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 205 / 304

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

PAUL R RYSKE

Mailing Address 898 E. LONGWOOD DR.

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.76

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692286

Amount of Each Receipt this Period

19.88

B. Full Name (Last, First, Middle Initial)

PAUL R RYSKE

Mailing Address 898 E. LONGWOOD DR.

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.64

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692738

Amount of Each Receipt this Period

19.88

C. Full Name (Last, First, Middle Initial)

PATRICK J SARB

Mailing Address 4517 WAUBANSIE LANE

City State Zip Code
 LISLE IL 60532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.81

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692447

Amount of Each Receipt this Period

12.19

SUBTOTAL of Receipts This Page (optional)

51.95

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

PATRICK J SARB

Mailing Address 4517 WAUBANSIE LANE

City State Zip Code
 LISLE IL 60532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692898

Amount of Each Receipt this Period

12.19

B. Full Name (Last, First, Middle Initial)

MICHAEL A SCARDINA

Mailing Address 51 SOUTH ROYAL OAK

City State Zip Code
 VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Asset Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.74

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692265

Amount of Each Receipt this Period

28.28

C. Full Name (Last, First, Middle Initial)

MICHAEL A SCARDINA

Mailing Address 51 SOUTH ROYAL OAK

City State Zip Code
 VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Asset Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

534.02

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692717

Amount of Each Receipt this Period

28.28

SUBTOTAL of Receipts This Page (optional)

68.75

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) PATRICK J SCHNEIDER Mailing Address 210 NORTH TRAIL City State Zip Code HAWTHORN WOODS IL 60047 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Senior Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 541.08		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7 Transaction ID: A2007-1692407 Amount of Each Receipt this Period 28.77
B. Full Name (Last, First, Middle Initial) PATRICK J SCHNEIDER Mailing Address 210 NORTH TRAIL City State Zip Code HAWTHORN WOODS IL 60047 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Senior Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 569.85		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7 Transaction ID: A2007-1692858 Amount of Each Receipt this Period 28.77
C. Full Name (Last, First, Middle Initial) STEPHEN E SCHOLL Mailing Address 7 COPPERFIELD DRIVE City State Zip Code HAWTHORN WOODS IL 60047 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation AVP HR Shared Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 940.23		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7 Transaction ID: A2007-1692187 Amount of Each Receipt this Period 50.37

SUBTOTAL of Receipts This Page (optional)

107.91

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. STEPHEN E SCHOLL

Mailing Address 7 COPPERFIELD DRIVE

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP HR Shared Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.60

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692640

Amount of Each Receipt this Period

50.37

Full Name (Last, First, Middle Initial)

B. DALE J SCHUELLER

Mailing Address 2941 GLENARYE DRIVE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Administration Dire

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692501

Amount of Each Receipt this Period

16.05

Full Name (Last, First, Middle Initial)

C. DALE J SCHUELLER

Mailing Address 2941 GLENARYE DRIVE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Administration Dire

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.55

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692952

Amount of Each Receipt this Period

16.05

SUBTOTAL of Receipts This Page (optional)

82.47

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 304

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

DAVID I SCHUR

Mailing Address 1216 SANDHURST DRIVE

City State Zip Code
 BUFFALO GROVE IL 60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.47

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692336

Amount of Each Receipt this Period

22.98

B. Full Name (Last, First, Middle Initial)

DAVID I SCHUR

Mailing Address 1216 SANDHURST DRIVE

City State Zip Code
 BUFFALO GROVE IL 60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.45

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692787

Amount of Each Receipt this Period

22.98

C. Full Name (Last, First, Middle Initial)

MICHAEL D SCHUSTER

Mailing Address 526 LANGE COURT

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.64

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692536

Amount of Each Receipt this Period

18.05

SUBTOTAL of Receipts This Page (optional)

64.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

MICHAEL D SCHUSTER

Mailing Address 526 LANGE COURT

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

358.69

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692987

Amount of Each Receipt this Period

18.05

B. Full Name (Last, First, Middle Initial)

DAVID J SCHWARTZER

Mailing Address 1911 205TH PL NE

City State Zip Code
SAMMAMISH WA 98074

FEC ID number of contributing federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.55

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692460

Amount of Each Receipt this Period

46.15

C. Full Name (Last, First, Middle Initial)

DAVID J SCHWARTZER

Mailing Address 1911 205TH PL NE

City State Zip Code
SAMMAMISH WA 98074

FEC ID number of contributing federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

886.70

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692911

Amount of Each Receipt this Period

46.15

SUBTOTAL of Receipts This Page (optional)

110.35

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ALBERT SCHWARZHAUPT

Mailing Address 29 Doral Drive

City State Zip Code
Hawthorn Woods IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692163

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

B. ALBERT SCHWARZHAUPT

Mailing Address 29 Doral Drive

City State Zip Code
Hawthorn Woods IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692616

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

C. DANNY R SELLERS

Mailing Address 5903 87TH ST

City State Zip Code
LUBBOCK TX 79424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.84

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692489

Amount of Each Receipt this Period

23.86

SUBTOTAL of Receipts This Page (optional)

56.56

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DANNY R SELLERS

Mailing Address 5903 87TH ST

City

LUBBOCK

State

TX

Zip Code

79424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.70

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692940

Amount of Each Receipt this Period

23.86

B.

Full Name (Last, First, Middle Initial)

STACY Y SHARPE

Mailing Address 2 E. Erie #1506

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Communication Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.06

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692396

Amount of Each Receipt this Period

33.46

C.

Full Name (Last, First, Middle Initial)

STACY Y SHARPE

Mailing Address 2 E. Erie #1506

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Communication Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.52

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692847

Amount of Each Receipt this Period

33.46

SUBTOTAL of Receipts This Page (optional)

90.78

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City State Zip Code
WHEATON IL 60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Property/C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1477.93

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692363

Amount of Each Receipt this Period

78.74

Full Name (Last, First, Middle Initial)

B. STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City State Zip Code
WHEATON IL 60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Property/C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1556.67

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692814

Amount of Each Receipt this Period

78.74

Full Name (Last, First, Middle Initial)

C. STEVEN R SHEFFEY

Mailing Address 839 SUMAC

City State Zip Code
HIGHLAND PARK IL 60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.42

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692281

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

177.36

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
STEVEN R SHEFFEY

Mailing Address 839 SUMAC

City State Zip Code
HIGHLAND PARK IL 60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.30

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692733

Amount of Each Receipt this Period

19.88

B. Full Name (Last, First, Middle Initial)
JOHN M SHUMATE III

Mailing Address 40096 NORTH GOLDENROD LANE

City State Zip Code
WADSWORTH IL 60083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.42

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692216

Amount of Each Receipt this Period

6.63

C. Full Name (Last, First, Middle Initial)
JOHN M SHUMATE III

Mailing Address 40096 NORTH GOLDENROD LANE

City State Zip Code
WADSWORTH IL 60083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.05

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692669

Amount of Each Receipt this Period

6.63

SUBTOTAL of Receipts This Page (optional)

33.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 304
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DENIS C SHUNTA

Mailing Address 5200 RIDGEGATE WAY

City State Zip Code
FAIR OAKS CA 95628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692444

Amount of Each Receipt this Period

21.80

B. Full Name (Last, First, Middle Initial)
DENIS C SHUNTA

Mailing Address 5200 RIDGEGATE WAY

City State Zip Code
FAIR OAKS CA 95628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.80

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692895

Amount of Each Receipt this Period

21.80

C. Full Name (Last, First, Middle Initial)
ROBERT L SIMMONS

Mailing Address 418 DEUCE DRIVE

City State Zip Code
WALL NJ 07719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.33

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692177

Amount of Each Receipt this Period

28.57

SUBTOTAL of Receipts This Page (optional)

72.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 ROBERT L SIMMONS
 Mailing Address 418 DEUCE DRIVE

City State Zip Code
 WALL NJ 07719

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.90

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692630

Amount of Each Receipt this Period

28.57

B. Full Name (Last, First, Middle Initial)
 KIMBALL S SIMON
 Mailing Address 11 WEHRHEIM

City State Zip Code
 BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.26

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692517

Amount of Each Receipt this Period

36.24

C. Full Name (Last, First, Middle Initial)
 KIMBALL S SIMON
 Mailing Address 11 WEHRHEIM

City State Zip Code
 BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

718.50

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692968

Amount of Each Receipt this Period

36.24

SUBTOTAL of Receipts This Page (optional)

101.05

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ANNE E SIMPSON

Mailing Address 632 ONWENTSIA AVENUE

City State Zip Code
 HIGHLAND PARK IL 60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Tax Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.69

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692291

Amount of Each Receipt this Period

26.51

Full Name (Last, First, Middle Initial)

B. ANNE E SIMPSON

Mailing Address 632 ONWENTSIA AVENUE

City State Zip Code
 HIGHLAND PARK IL 60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Tax Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.20

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692743

Amount of Each Receipt this Period

26.51

Full Name (Last, First, Middle Initial)

C. JOHN G SINICKI

Mailing Address 2117 CARROLL CREEK VIEW CT

City State Zip Code
 FREDERICK MD 21702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.15

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692246

Amount of Each Receipt this Period

19.95

SUBTOTAL of Receipts This Page (optional)

72.97

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
JOHN G SINICKI

Mailing Address 2117 CARROLL CREEK VIEW CT

City	State	Zip Code
FREDERICK	MD	21702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692698

Amount of Each Receipt this Period

19.95

B. Full Name (Last, First, Middle Initial)
KEVIN R SLAWIN

Mailing Address 1316 CRESTWOOD DRIVE

City	State	Zip Code
NORTHBROOK	IL	60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
VP AF Admin Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692405

Amount of Each Receipt this Period

40.20

C. Full Name (Last, First, Middle Initial)
KEVIN R SLAWIN

Mailing Address 1316 CRESTWOOD DRIVE

City	State	Zip Code
NORTHBROOK	IL	60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
VP AF Admin Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.81

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692856

Amount of Each Receipt this Period

40.20

SUBTOTAL of Receipts This Page (optional)

100.35

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KIMBERLY J SLOANE
Mailing Address 378 N. VISTA AVE

City State Zip Code
LOMBARD IL 60148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Reserve Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

718.20

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692385

Amount of Each Receipt this Period

38.35

B. Full Name (Last, First, Middle Initial)
KIMBERLY J SLOANE
Mailing Address 378 N. VISTA AVE

City State Zip Code
LOMBARD IL 60148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Reserve Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.55

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692836

Amount of Each Receipt this Period

38.35

C. Full Name (Last, First, Middle Initial)
BENJAMIN M SMITH
Mailing Address 1008 CHESAPEAK BLVD

City State Zip Code
GRAYSLAKE IL 60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territorial Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.35

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692231

Amount of Each Receipt this Period

16.35

SUBTOTAL of Receipts This Page (optional)

93.05

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 BENJAMIN M SMITH
 Mailing Address 1008 CHESAPEAK BLVD

City State Zip Code
 GRAYSLAKE IL 60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Territorial Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.70

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692684

Amount of Each Receipt this Period

16.35

B. Full Name (Last, First, Middle Initial)
 CHARLES M SMITH
 Mailing Address 414 E. Burr Oak Dr.

City State Zip Code
 Arlington Heights IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

579.31

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692465

Amount of Each Receipt this Period

30.84

C. Full Name (Last, First, Middle Initial)
 CHARLES M SMITH
 Mailing Address 414 E. Burr Oak Dr.

City State Zip Code
 Arlington Heights IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.15

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692916

Amount of Each Receipt this Period

30.84

SUBTOTAL of Receipts This Page (optional)

78.03

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) ELIAS SMITH Mailing Address 2751 SW BEAR PAW TRAIL City State Zip Code PALM CITY FL 34990 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Market Distribution Leade Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 421.65		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7 Transaction ID: A2007-1692183 Amount of Each Receipt this Period 22.25
B. Full Name (Last, First, Middle Initial) ELIAS SMITH Mailing Address 2751 SW BEAR PAW TRAIL City State Zip Code PALM CITY FL 34990 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Market Distribution Leade Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 443.90		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7 Transaction ID: A2007-1692636 Amount of Each Receipt this Period 22.25
C. Full Name (Last, First, Middle Initial) J E SMITH Mailing Address 310 WHITMORE LANE City State Zip Code LAKE FOREST IL 60045 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation VP Distribution and Chann Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1104.47		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7 Transaction ID: A2007-1692366 Amount of Each Receipt this Period 58.76

SUBTOTAL of Receipts This Page (optional)

103.26

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

J E SMITH

Mailing Address 310 WHITMORE LANE

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP Distribution and Chann

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1163.23

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692817

Amount of Each Receipt this Period

58.76

B.

Full Name (Last, First, Middle Initial)

KENNETH D SMITH

Mailing Address 619 N HUMPHREY AVE.

City State Zip Code
 OAK PARK IL 60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.66

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692400

Amount of Each Receipt this Period

15.19

C.

Full Name (Last, First, Middle Initial)

KENNETH D SMITH

Mailing Address 619 N HUMPHREY AVE.

City State Zip Code
 OAK PARK IL 60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.85

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692851

Amount of Each Receipt this Period

15.19

SUBTOTAL of Receipts This Page (optional)

89.14

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 223 / 304
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
RANDALL D SNITTJER

Mailing Address 11423 E. Blue Sky Drive

City	State	Zip Code
Scottsdale	AZ	85262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692506

Amount of Each Receipt this Period

26.86

B. Full Name (Last, First, Middle Initial)
RANDALL D SNITTJER

Mailing Address 11423 E. Blue Sky Drive

City	State	Zip Code
Scottsdale	AZ	85262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692957

Amount of Each Receipt this Period

26.86

C. Full Name (Last, First, Middle Initial)
ROBERT S SODERLUND

Mailing Address 53 BRIDLEPATH DRIVE

City	State	Zip Code
LINDENHURST	IL	60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Human Resource Senior Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692130

Amount of Each Receipt this Period

13.84

SUBTOTAL of Receipts This Page (optional)

67.56

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 ROBERT S SODERLUND
 Mailing Address 53 BRIDLEPATH DRIVE

City State Zip Code
 LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Human Resource Senior Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.85

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692583

Amount of Each Receipt this Period

13.84

B. Full Name (Last, First, Middle Initial)
 STEVEN P SORENSON
 Mailing Address 20712 High Ridge Dr

City State Zip Code
 KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 VP-Agency Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1406.74

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692452

Amount of Each Receipt this Period

75.16

C. Full Name (Last, First, Middle Initial)
 STEVEN P SORENSON
 Mailing Address 20712 High Ridge Dr

City State Zip Code
 KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 VP-Agency Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1481.90

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692903

Amount of Each Receipt this Period

75.16

SUBTOTAL of Receipts This Page (optional)

164.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. KEVIN A SPATARO

Mailing Address 1663 SARATOGA LANE

City State Zip Code
 GLENVIEW IL 60026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Account Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.57

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692427

Amount of Each Receipt this Period

26.70

Full Name (Last, First, Middle Initial)

B. KEVIN A SPATARO

Mailing Address 1663 SARATOGA LANE

City State Zip Code
 GLENVIEW IL 60026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Account Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.27

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692878

Amount of Each Receipt this Period

26.70

Full Name (Last, First, Middle Initial)

C. EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City State Zip Code
 MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.32

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692204

Amount of Each Receipt this Period

34.53

SUBTOTAL of Receipts This Page (optional)

87.93

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 226 / 304
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692657

Amount of Each Receipt this Period

34.53

B. Full Name (Last, First, Middle Initial)
JAMES G SPORLEDER

Mailing Address 20 LAKESIDE LANE

City State Zip Code
N. BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692420

Amount of Each Receipt this Period

26.78

C. Full Name (Last, First, Middle Initial)
JAMES G SPORLEDER

Mailing Address 20 LAKESIDE LANE

City State Zip Code
N. BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

529.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692871

Amount of Each Receipt this Period

26.78

SUBTOTAL of Receipts This Page (optional)

88.09

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 227 / 304
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City	State	Zip Code
GURNEE	IL	60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

758.17

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692268

Amount of Each Receipt this Period

41.02

B.

Full Name (Last, First, Middle Initial)

MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City	State	Zip Code
GURNEE	IL	60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

799.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692720

Amount of Each Receipt this Period

41.02

C.

Full Name (Last, First, Middle Initial)

STACEY A SPRUNG

Mailing Address 106 E. WHISTLERS BEND CIR.

City	State	Zip Code
THE WOODLANDS	TX	77384

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Lead Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.81

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692135

Amount of Each Receipt this Period

20.18

SUBTOTAL of Receipts This Page (optional)

102.22

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. STACEY A SPRUNG

Mailing Address 106 E. WHISTLERS BEND CIR.

City State Zip Code
 THE WOODLANDS TX 77384

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Lead Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.99

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692588

Amount of Each Receipt this Period

20.18

Full Name (Last, First, Middle Initial)

B. BARBARA J STEELE

Mailing Address 730 CREEKSIDE DR #504

City State Zip Code
 MT PROSPECT IL 60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.51

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692347

Amount of Each Receipt this Period

12.69

Full Name (Last, First, Middle Initial)

C. BARBARA J STEELE

Mailing Address 730 CREEKSIDE DR #504

City State Zip Code
 MT PROSPECT IL 60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.20

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692798

Amount of Each Receipt this Period

12.69

SUBTOTAL of Receipts This Page (optional)

45.56

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
EMORY D STEPHENS JR

Mailing Address 4711 N WOLCOTT AVE

City State Zip Code
CHICAGO IL 60640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

726.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692230

Amount of Each Receipt this Period

38.73

B. Full Name (Last, First, Middle Initial)
EMORY D STEPHENS JR

Mailing Address 4711 N WOLCOTT AVE

City State Zip Code
CHICAGO IL 60640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692683

Amount of Each Receipt this Period

38.73

C. Full Name (Last, First, Middle Initial)
LOUIE A STEPHENSON

Mailing Address 1775 FOREST CREEK DR.

City State Zip Code
JACKSONVILLE FL 32225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Human Resource Senior Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692488

Amount of Each Receipt this Period

13.78

SUBTOTAL of Receipts This Page (optional)

91.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
LOUIE A STEPHENSON

Mailing Address 1775 FOREST CREEK DR.

City State Zip Code
JACKSONVILLE **FL** **32225**

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Senior Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.60

Date of Receipt

M M / D D / Y Y Y Y
0 9 **2 8** **2 0 0 7**

Transaction ID: A2007-1692939

Amount of Each Receipt this Period

13.78

B. Full Name (Last, First, Middle Initial)
GARY S STERE

Mailing Address 2015 SELVA MADERA COURT

City State Zip Code
ATLANTIC BEACH **FL** **32233**

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.86

Date of Receipt

M M / D D / Y Y Y Y
0 9 **1 4** **2 0 0 7**

Transaction ID: A2007-1692242

Amount of Each Receipt this Period

37.14

C. Full Name (Last, First, Middle Initial)
GARY S STERE

Mailing Address 2015 SELVA MADERA COURT

City State Zip Code
ATLANTIC BEACH **FL** **32233**

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 **2 8** **2 0 0 7**

Transaction ID: A2007-1692694

Amount of Each Receipt this Period

37.14

SUBTOTAL of Receipts This Page (optional)

88.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MYRON E STOUFFER
Mailing Address 1528 JESSICA LANE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP State Team

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.61

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692238

Amount of Each Receipt this Period

21.73

B. Full Name (Last, First, Middle Initial)
MYRON E STOUFFER
Mailing Address 1528 JESSICA LANE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP State Team

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.34

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692690

Amount of Each Receipt this Period

21.73

C. Full Name (Last, First, Middle Initial)
CHRISTINE A SULLIVAN
Mailing Address 257 BIG TERRA LANE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.37

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692125

Amount of Each Receipt this Period

24.94

SUBTOTAL of Receipts This Page (optional)

68.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 232 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
CHRISTINE A SULLIVAN

Mailing Address 257 BIG TERRA LANE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.31

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692578

Amount of Each Receipt this Period

24.94

B. Full Name (Last, First, Middle Initial)
DANIEL J SULLIVAN

Mailing Address 4018 BERRYWOOD DRIVE

City State Zip Code
SEAFORD NY 11783

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Distribution Support Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.31

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692168

Amount of Each Receipt this Period

13.24

C. Full Name (Last, First, Middle Initial)
DANIEL J SULLIVAN

Mailing Address 4018 BERRYWOOD DRIVE

City State Zip Code
SEAFORD NY 11783

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Distribution Support Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.55

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692621

Amount of Each Receipt this Period

13.24

SUBTOTAL of Receipts This Page (optional)

51.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 304

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KEVIN T SULLIVAN

Mailing Address 221 CARRIAGE HILL CIR

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President -Corp Ethn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1772.04

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692520

Amount of Each Receipt this Period

94.54

B. Full Name (Last, First, Middle Initial)
KEVIN T SULLIVAN

Mailing Address 221 CARRIAGE HILL CIR

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President -Corp Ethn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1866.58

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692971

Amount of Each Receipt this Period

94.54

C. Full Name (Last, First, Middle Initial)
KATHLEEN A SWAIN

Mailing Address 242 HIGHVIEW

City State Zip Code
 ELMHURST IL 60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Enterprise Applicatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.42

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692296

Amount of Each Receipt this Period

53.86

SUBTOTAL of Receipts This Page (optional)

242.94

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KATHLEEN A SWAIN

Mailing Address 242 HIGHVIEW

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Enterprise Applicatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1074.28

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692748

Amount of Each Receipt this Period

53.86

B. Full Name (Last, First, Middle Initial)
KIMBERLY A SYME

Mailing Address 1609 SURRIDGE CT

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692313

Amount of Each Receipt this Period

15.20

C. Full Name (Last, First, Middle Initial)
KIMBERLY A SYME

Mailing Address 1609 SURRIDGE CT

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.70

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692765

Amount of Each Receipt this Period

15.20

SUBTOTAL of Receipts This Page (optional)

84.26

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JERROLD S SZOSTAK

Mailing Address 1064 W GLENN TRAIL

City State Zip Code
 ELK GROVE IL 60007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Reserve Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

707.69

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692340

Amount of Each Receipt this Period

37.51

Full Name (Last, First, Middle Initial)

B. JERROLD S SZOSTAK

Mailing Address 1064 W GLENN TRAIL

City State Zip Code
 ELK GROVE IL 60007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Reserve Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.20

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692791

Amount of Each Receipt this Period

37.51

Full Name (Last, First, Middle Initial)

C. CARL J TACKETT

Mailing Address 307 WENDRON COURT

City State Zip Code
 FRANKLIN TN 37069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Regional Financial Servic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.10

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692306

Amount of Each Receipt this Period

14.85

SUBTOTAL of Receipts This Page (optional)

89.87

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
CARL J TACKETT
Mailing Address 307 WENDRON COURT

City State Zip Code
FRANKLIN TN 37069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Regional Financial Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.95

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692758

Amount of Each Receipt this Period

14.85

B. Full Name (Last, First, Middle Initial)
BENJAMIN A TARVER
Mailing Address 2495 EMERALD LANE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Corporate Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.75

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692175

Amount of Each Receipt this Period

21.90

C. Full Name (Last, First, Middle Initial)
BENJAMIN A TARVER
Mailing Address 2495 EMERALD LANE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Corporate Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.65

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692628

Amount of Each Receipt this Period

21.90

SUBTOTAL of Receipts This Page (optional)

58.65

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JANICE M TAYLOR

Mailing Address 7335 ATHLONE

City State Zip Code
 HOUSTON TX 77088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.88

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692492

Amount of Each Receipt this Period

22.37

Full Name (Last, First, Middle Initial)

B. JANICE M TAYLOR

Mailing Address 7335 ATHLONE

City State Zip Code
 HOUSTON TX 77088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.25

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692943

Amount of Each Receipt this Period

22.37

Full Name (Last, First, Middle Initial)

C. LINDSAY F TAYLOR

Mailing Address 217 E. SHERIDAN PLACE

City State Zip Code
 LAKE BLUFF IL 60044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.65

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692552

Amount of Each Receipt this Period

16.35

SUBTOTAL of Receipts This Page (optional)

61.09

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. LINDSAY F TAYLOR

Mailing Address 217 E. SHERIDAN PLACE

City State Zip Code
 LAKE BLUFF IL 60044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1693003

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

B. TIMOTHY J TAYLOR

Mailing Address 5314 RENEE AVE.

City State Zip Code
 CRYSTAL LAKE IL 60014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.51

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692226

Amount of Each Receipt this Period

18.19

Full Name (Last, First, Middle Initial)

C. TIMOTHY J TAYLOR

Mailing Address 5314 RENEE AVE.

City State Zip Code
 CRYSTAL LAKE IL 60014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.70

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692679

Amount of Each Receipt this Period

18.19

SUBTOTAL of Receipts This Page (optional)

52.73

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 304

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
PHILLIP J TELGENHOFF

Mailing Address 1631 DAUNTING DRIVE

City State Zip Code
 EL DORADO HILLS CA 95762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.07

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692541

Amount of Each Receipt this Period

15.98

B. Full Name (Last, First, Middle Initial)
PHILLIP J TELGENHOFF

Mailing Address 1631 DAUNTING DRIVE

City State Zip Code
 EL DORADO HILLS CA 95762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.05

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692992

Amount of Each Receipt this Period

15.98

C. Full Name (Last, First, Middle Initial)
SEAN D THAKUR

Mailing Address 4657 LAKE POINT CIRCLE

City State Zip Code
 LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Service Center Senior Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.41

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692483

Amount of Each Receipt this Period

14.34

SUBTOTAL of Receipts This Page (optional)

46.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 304

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
SEAN D THAKUR

Mailing Address 4657 LAKE POINT CIRCLE

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Service Center Senior Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.75

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692934

Amount of Each Receipt this Period

14.34

B. Full Name (Last, First, Middle Initial)
MARK L THOMPSON

Mailing Address 3233 N RACINE #2

City State Zip Code
CHICAGO IL 60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP-PRODUCT NON-STANDARD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

469.33

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692502

Amount of Each Receipt this Period

25.14

C. Full Name (Last, First, Middle Initial)
MARK L THOMPSON

Mailing Address 3233 N RACINE #2

City State Zip Code
CHICAGO IL 60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP-PRODUCT NON-STANDARD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.47

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692953

Amount of Each Receipt this Period

25.14

SUBTOTAL of Receipts This Page (optional)

64.62

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
W. J THOMPSON

Mailing Address 1734 SHOAL CREEK TERRACE

City State Zip Code
 VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

644.42

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692227

Amount of Each Receipt this Period

34.73

B. Full Name (Last, First, Middle Initial)
W. J THOMPSON

Mailing Address 1734 SHOAL CREEK TERRACE

City State Zip Code
 VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.15

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692680

Amount of Each Receipt this Period

34.73

C. Full Name (Last, First, Middle Initial)
ROBERT J TIERNEY

Mailing Address 6628 RFD-CARRIAGE WAY

City State Zip Code
 LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Procurement Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.72

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692310

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

89.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

ROBERT J TIERNEY

Mailing Address 6628 RFD-CARRIAGE WAY

City State Zip Code
 LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Procurement Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.60

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692762

Amount of Each Receipt this Period

19.88

B. Full Name (Last, First, Middle Initial)

LOREE E TOEDMAN

Mailing Address 21949 HICKORY HILL DR.

City State Zip Code
 KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP ENCOMPASS FIELD DISTR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.77

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692522

Amount of Each Receipt this Period

38.63

C. Full Name (Last, First, Middle Initial)

LOREE E TOEDMAN

Mailing Address 21949 HICKORY HILL DR.

City State Zip Code
 KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP ENCOMPASS FIELD DISTR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

761.40

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692973

Amount of Each Receipt this Period

38.63

SUBTOTAL of Receipts This Page (optional)

97.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ROBERT E TRANSON

Mailing Address 2644 N DOUGLAS

City State Zip Code
 ARLINGTON HTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Strategic Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

514.36

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692352

Amount of Each Receipt this Period

27.51

Full Name (Last, First, Middle Initial)

B. ROBERT E TRANSON

Mailing Address 2644 N DOUGLAS

City State Zip Code
 ARLINGTON HTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Strategic Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.87

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692803

Amount of Each Receipt this Period

27.51

Full Name (Last, First, Middle Initial)

C. DENNIS M TRUSCH

Mailing Address 0s640 Preston Circle

City State Zip Code
 Geneva IL 60134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Education and Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.80

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692218

Amount of Each Receipt this Period

13.30

SUBTOTAL of Receipts This Page (optional)

68.32

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DENNIS M TRUSCH

Mailing Address 0s640 Preston Circle

City State Zip Code
Geneva IL 60134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Education and Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692671

Amount of Each Receipt this Period

13.30

B. Full Name (Last, First, Middle Initial)
MELINDA S TUNNER

Mailing Address 5430 TALL OAKS DRIVE

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Agency Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

831.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692478

Amount of Each Receipt this Period

44.41

C. Full Name (Last, First, Middle Initial)
MELINDA S TUNNER

Mailing Address 5430 TALL OAKS DRIVE

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Agency Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

876.23

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692929

Amount of Each Receipt this Period

44.41

SUBTOTAL of Receipts This Page (optional)

102.12

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
RICHARD D TURANO

Mailing Address 4960 S CHESTER ST

City State Zip Code
ENGLEWOOD CO 80111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.09

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692153

Amount of Each Receipt this Period

17.86

B. Full Name (Last, First, Middle Initial)
RICHARD D TURANO

Mailing Address 4960 S CHESTER ST

City State Zip Code
ENGLEWOOD CO 80111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.95

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692606

Amount of Each Receipt this Period

17.86

C. Full Name (Last, First, Middle Initial)
DAVID J UNROE

Mailing Address 326 ELM CT.

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Field Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692544

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

55.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

DAVID J UNROE

Mailing Address 326 ELM CT.

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.60

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692995

Amount of Each Receipt this Period

19.88

B. Full Name (Last, First, Middle Initial)

WILLIAM A VAINISI

Mailing Address 636 BALMORAL LANE

City State Zip Code
 INVERNESS IL 60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

974.21

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692360

Amount of Each Receipt this Period

51.51

C. Full Name (Last, First, Middle Initial)

WILLIAM A VAINISI

Mailing Address 636 BALMORAL LANE

City State Zip Code
 INVERNESS IL 60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.72

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692811

Amount of Each Receipt this Period

51.51

SUBTOTAL of Receipts This Page (optional)

122.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
HELEN K VAN DAAL
Mailing Address 1300 LONGVALLEY RD.

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.84

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692299

Amount of Each Receipt this Period

18.76

B. Full Name (Last, First, Middle Initial)
HELEN K VAN DAAL
Mailing Address 1300 LONGVALLEY RD.

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692751

Amount of Each Receipt this Period

18.76

C. Full Name (Last, First, Middle Initial)
JOHN W VAN ETEN
Mailing Address 924 W. Gordon Terrace #3

City State Zip Code
Chicago IL 60613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.81

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692411

Amount of Each Receipt this Period

16.54

SUBTOTAL of Receipts This Page (optional)

54.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN W VAN ETEN

Mailing Address 924 W. Gordon Terrace #3

City State Zip Code
 Chicago IL 60613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.35

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692862

Amount of Each Receipt this Period

16.54

Full Name (Last, First, Middle Initial)

B. LISA A VAN SCOYOC

Mailing Address 555 PRIMROSE LANE

City State Zip Code
 CRYSTAL LAKE IL 60014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Accounting Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.44

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692374

Amount of Each Receipt this Period

13.32

Full Name (Last, First, Middle Initial)

C. LISA A VAN SCOYOC

Mailing Address 555 PRIMROSE LANE

City State Zip Code
 CRYSTAL LAKE IL 60014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Accounting Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.76

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692825

Amount of Each Receipt this Period

13.32

SUBTOTAL of Receipts This Page (optional)

43.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM P VANDERBORG

Mailing Address 561 W CROOKED STICK CT

City State Zip Code
 VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.30

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692295

Amount of Each Receipt this Period

32.70

Full Name (Last, First, Middle Initial)

B. WILLIAM P VANDERBORG

Mailing Address 561 W CROOKED STICK CT

City State Zip Code
 VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692747

Amount of Each Receipt this Period

32.70

Full Name (Last, First, Middle Initial)

C. PATRICIA C VANLAMMEREN

Mailing Address 9868 PALACE GREEN WAY

City State Zip Code
 VIENNA VA 22181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1009.42

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692516

Amount of Each Receipt this Period

53.89

SUBTOTAL of Receipts This Page (optional)

119.29

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
PATRICIA C VANLAMMEREN

Mailing Address 9868 PALACE GREEN WAY

City State Zip Code
VIENNA VA 22181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1063.31

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692967

Amount of Each Receipt this Period

53.89

B. Full Name (Last, First, Middle Initial)
BILL VASIOLOGAMBROS

Mailing Address 1309 S. PINE AVE

City State Zip Code
ARLINGTON HTS. IL 60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.80

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692434

Amount of Each Receipt this Period

16.60

C. Full Name (Last, First, Middle Initial)
BILL VASIOLOGAMBROS

Mailing Address 1309 S. PINE AVE

City State Zip Code
ARLINGTON HTS. IL 60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.40

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692885

Amount of Each Receipt this Period

16.60

SUBTOTAL of Receipts This Page (optional)

87.09

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
RICHARD VAVRA
Mailing Address 2514 S WESLEY AVENUE

City State Zip Code
BERWYN IL 60402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

728.56

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692287

Amount of Each Receipt this Period

38.64

B. Full Name (Last, First, Middle Initial)
RICHARD VAVRA
Mailing Address 2514 S WESLEY AVENUE

City State Zip Code
BERWYN IL 60402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

767.20

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692739

Amount of Each Receipt this Period

38.64

C. Full Name (Last, First, Middle Initial)
MICHAEL J VELOTTA
Mailing Address 1111 LOYOLA DR

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Sec & Gene

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1444.02

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692480

Amount of Each Receipt this Period

77.04

SUBTOTAL of Receipts This Page (optional)

154.32

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 252 / 304
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MICHAEL J VELOTTA

Mailing Address 1111 LOYOLA DR

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Vice President Sec & Gene

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1521.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692931

Amount of Each Receipt this Period

77.04

B. Full Name (Last, First, Middle Initial)
STEVEN C VERNEY

Mailing Address 37144 FOX HILL DR

City State Zip Code
WADSWORTH IL 60083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Vice President & Treasure

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1262.85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692169

Amount of Each Receipt this Period

67.42

C. Full Name (Last, First, Middle Initial)
STEVEN C VERNEY

Mailing Address 37144 FOX HILL DR

City State Zip Code
WADSWORTH IL 60083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Vice President & Treasure

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1330.27

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692622

Amount of Each Receipt this Period

67.42

SUBTOTAL of Receipts This Page (optional)

211.88

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOAN H WALKER

Mailing Address 850 N. Riverwoods Road

City State Zip Code
 Lake Forest IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Corp. Rel.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.77

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692561

Amount of Each Receipt this Period

46.99

Full Name (Last, First, Middle Initial)

B. JOAN H WALKER

Mailing Address 850 N. Riverwoods Road

City State Zip Code
 Lake Forest IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Corp. Rel.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.76

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1693012

Amount of Each Receipt this Period

46.99

Full Name (Last, First, Middle Initial)

C. MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City State Zip Code
 CLOVIS CA 93611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.17

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692260

Amount of Each Receipt this Period

28.43

SUBTOTAL of Receipts This Page (optional)

122.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 254 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City State Zip Code
CLOVIS CA 93611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

568.60

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692712

Amount of Each Receipt this Period

28.43

B. Full Name (Last, First, Middle Initial)

ANTON WANDERON

Mailing Address 112 BRISTOL PLACE

City State Zip Code
PONTE VEDRA FL 32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
DIRECTOR CREDIT DEPARTMEN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.85

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692241

Amount of Each Receipt this Period

63.46

C. Full Name (Last, First, Middle Initial)

ANTON WANDERON

Mailing Address 112 BRISTOL PLACE

City State Zip Code
PONTE VEDRA FL 32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
DIRECTOR CREDIT DEPARTMEN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1104.31

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692693

Amount of Each Receipt this Period

63.46

SUBTOTAL of Receipts This Page (optional)

155.35

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. THOMAS M WARDEN

Mailing Address 146 LA GRANDE

City State Zip Code
MOSS BEACH CA 94038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Research Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

597.87

Date of Receipt

M M / D D / Y Y Y Y
09 14 2007

Transaction ID: A2007-1692253

Amount of Each Receipt this Period

31.92

Full Name (Last, First, Middle Initial)

B. THOMAS M WARDEN

Mailing Address 146 LA GRANDE

City State Zip Code
MOSS BEACH CA 94038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Research Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

629.79

Date of Receipt

M M / D D / Y Y Y Y
09 28 2007

Transaction ID: A2007-1692705

Amount of Each Receipt this Period

31.92

Full Name (Last, First, Middle Initial)

C. EDWIN L WASINGER JR

Mailing Address 6245 MURIFIELD DRIVE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Procurement Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

656.43

Date of Receipt

M M / D D / Y Y Y Y
09 14 2007

Transaction ID: A2007-1692431

Amount of Each Receipt this Period

35.07

SUBTOTAL of Receipts This Page (optional)

98.91

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 256 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
EDWIN L WASINGER JR
Mailing Address 6245 MURIFIELD DRIVE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Procurement Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

691.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692882

Amount of Each Receipt this Period

35.07

B. Full Name (Last, First, Middle Initial)
JOHN A WATSON
Mailing Address 10227 Thurston Groves Blvd.

City State Zip Code
Seminole FL 33778

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692529

Amount of Each Receipt this Period

15.95

C. Full Name (Last, First, Middle Initial)
JOHN A WATSON
Mailing Address 10227 Thurston Groves Blvd.

City State Zip Code
Seminole FL 33778

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692980

Amount of Each Receipt this Period

15.95

SUBTOTAL of Receipts This Page (optional)

66.97

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 257 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
BRET D WEHRLY
Mailing Address 2079 POWHATAN TRAIL

City State Zip Code
RICHMOND KY 40475

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Agency Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.32

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692509

Amount of Each Receipt this Period

12.28

B. Full Name (Last, First, Middle Initial)
BRET D WEHRLY
Mailing Address 2079 POWHATAN TRAIL

City State Zip Code
RICHMOND KY 40475

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Agency Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.60

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692960

Amount of Each Receipt this Period

12.28

C. Full Name (Last, First, Middle Initial)
DOUGLAS B WELCH
Mailing Address 1724 INDEPENDENCE AVE

City State Zip Code
GLENVIEW IL 60026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.53

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692275

Amount of Each Receipt this Period

55.54

SUBTOTAL of Receipts This Page (optional)

80.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 258 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DOUGLAS B WELCH

Mailing Address 1724 INDEPENDENCE AVE

City State Zip Code
 GLENVIEW IL 60026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1094.07

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692727

Amount of Each Receipt this Period

55.54

B. Full Name (Last, First, Middle Initial)
JONATHAN J WELLS

Mailing Address 5394 W RIVER BEND DRIVE

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Bank Cash Management Dire

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

589.79

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692504

Amount of Each Receipt this Period

31.26

C. Full Name (Last, First, Middle Initial)
JONATHAN J WELLS

Mailing Address 5394 W RIVER BEND DRIVE

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Bank Cash Management Dire

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.05

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692955

Amount of Each Receipt this Period

31.26

SUBTOTAL of Receipts This Page (optional)

118.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 259 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JEROME WHITE

Mailing Address 5081 OVERLOOK DR.

City State Zip Code
 ROSWELL GA 30075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Distribution Support Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.84

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692182

Amount of Each Receipt this Period

10.86

Full Name (Last, First, Middle Initial)

B. JEROME WHITE

Mailing Address 5081 OVERLOOK DR.

City State Zip Code
 ROSWELL GA 30075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Distribution Support Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.70

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692635

Amount of Each Receipt this Period

10.86

Full Name (Last, First, Middle Initial)

C. ROBERT J WHITE

Mailing Address 909 STILLWATER COURT

City State Zip Code
 WESTON FL 33327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territorial Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.09

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692188

Amount of Each Receipt this Period

32.70

SUBTOTAL of Receipts This Page (optional)

54.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 260 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ROBERT J WHITE

Mailing Address 909 STILLWATER COURT

City State Zip Code
WESTON **FL** **33327**

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territorial Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.79

Date of Receipt

M M / D D / Y Y Y Y
09 **28** **2007**

Transaction ID: A2007-1692641

Amount of Each Receipt this Period

32.70

B. Full Name (Last, First, Middle Initial)
SAMUEL W WHITEMAN

Mailing Address 120 NE STONELEDGE PLACE

City State Zip Code
LEESBURG **VA** **20176**

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.32

Date of Receipt

M M / D D / Y Y Y Y
09 **14** **2007**

Transaction ID: A2007-1692493

Amount of Each Receipt this Period

30.53

C. Full Name (Last, First, Middle Initial)
SAMUEL W WHITEMAN

Mailing Address 120 NE STONELEDGE PLACE

City State Zip Code
LEESBURG **VA** **20176**

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.85

Date of Receipt

M M / D D / Y Y Y Y
09 **28** **2007**

Transaction ID: A2007-1692944

Amount of Each Receipt this Period

30.53

SUBTOTAL of Receipts This Page (optional)

93.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 261 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
CYNTHIA A WHITFIELD
Mailing Address 135 CAMBRIDGE DR.

City State Zip Code
AURORA OH 44202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Risk Management Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.66

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692174

Amount of Each Receipt this Period

17.52

B. Full Name (Last, First, Middle Initial)
CYNTHIA A WHITFIELD
Mailing Address 135 CAMBRIDGE DR.

City State Zip Code
AURORA OH 44202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Risk Management Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.18

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692627

Amount of Each Receipt this Period

17.52

C. Full Name (Last, First, Middle Initial)
CYNTHIA R WHITLEY
Mailing Address 6722 NEW HAMPSHIRE TRAIL

City State Zip Code
CRYSTAL LAKE IL 60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.26

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692229

Amount of Each Receipt this Period

37.59

SUBTOTAL of Receipts This Page (optional)

72.63

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 262 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) CYNTHIA R WHITLEY			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 6722 NEW HAMPSHIRE TRAIL			Transaction ID: A2007-1692682	
City State Zip Code CRYSTAL LAKE IL 60012			Amount of Each Receipt this Period 37.59	
FEC ID number of contributing federal political committee. C				
Name of Employer Allstate Insurance Company		Occupation CC IT Systems Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 742.85		
B. Full Name (Last, First, Middle Initial) ROB WHOLF			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7	
Mailing Address 847 INTERLAKEN DRIVE			Transaction ID: A2007-1692267	
City State Zip Code LAKE ZURICH IL 60047			Amount of Each Receipt this Period 21.79	
FEC ID number of contributing federal political committee. C				
Name of Employer Allstate Insurance Company		Occupation Claims Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 414.01		
C. Full Name (Last, First, Middle Initial) ROB WHOLF			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 847 INTERLAKEN DRIVE			Transaction ID: A2007-1692719	
City State Zip Code LAKE ZURICH IL 60047			Amount of Each Receipt this Period 21.79	
FEC ID number of contributing federal political committee. C				
Name of Employer Allstate Insurance Company		Occupation Claims Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 435.80		

SUBTOTAL of Receipts This Page (optional)

81.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 263 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN K WILCOX

Mailing Address 1120 JESSICA LANE

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Product Operations Direct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

599.65

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692309

Amount of Each Receipt this Period

32.00

Full Name (Last, First, Middle Initial)

B. JOHN K WILCOX

Mailing Address 1120 JESSICA LANE

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Product Operations Direct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

631.65

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692761

Amount of Each Receipt this Period

32.00

Full Name (Last, First, Middle Initial)

C. ANISE D WILEY-LITTLE

Mailing Address 21030 W YORKSHIRE DR

City State Zip Code
 KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.05

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692523

Amount of Each Receipt this Period

40.87

SUBTOTAL of Receipts This Page (optional)

104.87

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ANISE D WILEY-LITTLE

Mailing Address 21030 W YORKSHIRE DR

City	State	Zip Code
KILDEER	IL	60047

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692974

Amount of Each Receipt this Period

40.87

Full Name (Last, First, Middle Initial)

B. JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City	State	Zip Code
CLARKSVILLE	MD	21029

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

729.53

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692343

Amount of Each Receipt this Period

38.77

Full Name (Last, First, Middle Initial)

C. JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City	State	Zip Code
CLARKSVILLE	MD	21029

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692794

Amount of Each Receipt this Period

38.77

SUBTOTAL of Receipts This Page (optional)

118.41

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 265 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4194.84

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692450

Amount of Each Receipt this Period

221.54

Full Name (Last, First, Middle Initial)

B. THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4416.38

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692901

Amount of Each Receipt this Period

221.54

Full Name (Last, First, Middle Initial)

C. KURT L WINTER

Mailing Address 1403 N. WALNUT

City

ARLINGTON HGHTS

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance Company

Occupation

Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692560

Amount of Each Receipt this Period

16.01

SUBTOTAL of Receipts This Page (optional)

459.09

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 266 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KURT L WINTER
Mailing Address 1403 N. WALNUT

City State Zip Code
ARLINGTON HGHTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.05

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1693011

Amount of Each Receipt this Period

16.01

B. Full Name (Last, First, Middle Initial)
BRUCE A WOIKE
Mailing Address 1318 N. CHESTNUT AVE.

City State Zip Code
ARLINGTON HTS. IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Accounting Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.57

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692422

Amount of Each Receipt this Period

19.88

C. Full Name (Last, First, Middle Initial)
BRUCE A WOIKE
Mailing Address 1318 N. CHESTNUT AVE.

City State Zip Code
ARLINGTON HTS. IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Accounting Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.45

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692873

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

55.77

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 267 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MATTHEW WOJTASZEK

Mailing Address 7 WELLESLEY COURT

City	State	Zip Code
HAWTHORN WOODS	IL	60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Senior Field Operations M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

578.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692172

Amount of Each Receipt this Period

30.62

B.

Full Name (Last, First, Middle Initial)

MATTHEW WOJTASZEK

Mailing Address 7 WELLESLEY COURT

City	State	Zip Code
HAWTHORN WOODS	IL	60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Senior Field Operations M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692625

Amount of Each Receipt this Period

30.62

C.

Full Name (Last, First, Middle Initial)

RHONDA WOODARD

Mailing Address 2341 MARCY AVENUE

City	State	Zip Code
EVANSTON	IL	60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
VP-PRODUCT DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

662.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692514

Amount of Each Receipt this Period

35.24

SUBTOTAL of Receipts This Page (optional)

96.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 268 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
RHONDA WOODARD
Mailing Address 2341 MARCY AVENUE

City State Zip Code
EVANSTON IL 60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP-PRODUCT DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

697.59

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692965

Amount of Each Receipt this Period

35.24

B. Full Name (Last, First, Middle Initial)
DAVID E WOOLWINE
Mailing Address 1608 W. ROSEHILL DR

City State Zip Code
CHICAGO IL 60660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.40

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692217

Amount of Each Receipt this Period

14.75

C. Full Name (Last, First, Middle Initial)
DAVID E WOOLWINE
Mailing Address 1608 W. ROSEHILL DR

City State Zip Code
CHICAGO IL 60660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.15

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692670

Amount of Each Receipt this Period

14.75

SUBTOTAL of Receipts This Page (optional)

64.74

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 269 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DONALD F WYATT JR

Mailing Address 811 DRESSER DR.

City State Zip Code
MT PROSPECT IL 60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

652.41

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692314

Amount of Each Receipt this Period

34.69

B. Full Name (Last, First, Middle Initial)
DONALD F WYATT JR

Mailing Address 811 DRESSER DR.

City State Zip Code
MT PROSPECT IL 60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692766

Amount of Each Receipt this Period

34.69

C. Full Name (Last, First, Middle Initial)
FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

881.47

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692384

Amount of Each Receipt this Period

47.06

SUBTOTAL of Receipts This Page (optional)

116.44

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City State Zip Code
 PARK RIDGE IL 60068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

928.53

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692835

Amount of Each Receipt this Period

47.06

B. Full Name (Last, First, Middle Initial)

LORI J YELVINGTON

Mailing Address 1531 N HIGHLAND AVE

City State Zip Code
 ARLINGTON HGTS. IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Procurement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.20

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692392

Amount of Each Receipt this Period

50.44

C. Full Name (Last, First, Middle Initial)

LORI J YELVINGTON

Mailing Address 1531 N HIGHLAND AVE

City State Zip Code
 ARLINGTON HGTS. IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Procurement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

995.64

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692843

Amount of Each Receipt this Period

50.44

SUBTOTAL of Receipts This Page (optional)

147.94

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 271 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 RICHARD P YOCIUS
 Mailing Address 40135 N GOLDENROD

City State Zip Code
 WADSWORTH IL 60083

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.53

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692316

Amount of Each Receipt this Period

41.75

B. Full Name (Last, First, Middle Initial)
 RICHARD P YOCIUS
 Mailing Address 40135 N GOLDENROD

City State Zip Code
 WADSWORTH IL 60083

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

802.28

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692768

Amount of Each Receipt this Period

41.75

C. Full Name (Last, First, Middle Initial)
 JAMES E YOUNG
 Mailing Address 1212 N. WELLS ST. APT. 1504

City State Zip Code
 CHICAGO IL 60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.27

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692213

Amount of Each Receipt this Period

17.93

SUBTOTAL of Receipts This Page (optional)

101.43

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 272 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
JAMES E YOUNG

Mailing Address 1212 N. WELLS ST. APT. 1504

City State Zip Code
CHICAGO IL 60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.20

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692666

Amount of Each Receipt this Period

17.93

B. Full Name (Last, First, Middle Initial)
PHILLIP C YOUNG

Mailing Address 2181 APPLE HILL LANE

City State Zip Code
BUFFALO GROVE IL 60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Director of Flight Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.07

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692348

Amount of Each Receipt this Period

18.08

C. Full Name (Last, First, Middle Initial)
PHILLIP C YOUNG

Mailing Address 2181 APPLE HILL LANE

City State Zip Code
BUFFALO GROVE IL 60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Director of Flight Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

358.15

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692799

Amount of Each Receipt this Period

18.08

SUBTOTAL of Receipts This Page (optional)

54.09

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MARY E ZAGORSKI

Mailing Address 2609 N PINE AVE

City State Zip Code
 ARLINGTON HEIGHTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Personal Lines Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.88

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692382

Amount of Each Receipt this Period

33.11

Full Name (Last, First, Middle Initial)

B. MARY E ZAGORSKI

Mailing Address 2609 N PINE AVE

City State Zip Code
 ARLINGTON HEIGHTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Personal Lines Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.99

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692833

Amount of Each Receipt this Period

33.11

Full Name (Last, First, Middle Initial)

C. RICHARD M ZAHARIAS

Mailing Address 1439 STEVENSON DRIVE

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Allstate Life Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1217.21

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692464

Amount of Each Receipt this Period

64.76

SUBTOTAL of Receipts This Page (optional)

130.98

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 274 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
RICHARD M ZAHARIAS

Mailing Address 1439 STEVENSON DRIVE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Allstate Life Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1281.97

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692915

Amount of Each Receipt this Period

64.76

B. Full Name (Last, First, Middle Initial)
ROBERT F ZEMBRASKI JR

Mailing Address 1113 W WRIGHTWOOD # 1E

City State Zip Code
CHICAGO IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Consultant-M2600

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: A2007-1692132

Amount of Each Receipt this Period

15.46

C. Full Name (Last, First, Middle Initial)
ROBERT F ZEMBRASKI JR

Mailing Address 1113 W WRIGHTWOOD # 1E

City State Zip Code
CHICAGO IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Consultant-M2600

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: A2007-1692585

Amount of Each Receipt this Period

15.46

SUBTOTAL of Receipts This Page (optional)

95.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 275 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) PAUL K ZIGTERMAN		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 236 SOUTH RIVERSIDE DRIVE		Transaction ID: A2007-1692437
City State Zip Code VILLA PARK IL 60181	Amount of Each Receipt this Period 18.97	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 356.68	

B. Full Name (Last, First, Middle Initial) PAUL K ZIGTERMAN		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 236 SOUTH RIVERSIDE DRIVE		Transaction ID: A2007-1692888
City State Zip Code VILLA PARK IL 60181	Amount of Each Receipt this Period 18.97	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.65	

C. Full Name (Last, First, Middle Initial) GERALD L ZIMMERMAN JR		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 2584 Sutton Lane		Transaction ID: A2007-1692455
City State Zip Code AURORA IL 60502	Amount of Each Receipt this Period 35.95	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.80	

SUBTOTAL of Receipts This Page (optional)

73.89

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 276 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
GERALD L ZIMMERMAN JR

Mailing Address 2584 Sutton Lane

City State Zip Code
AURORA IL 60502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

711.75

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692906

Amount of Each Receipt this Period

35.95

B. Full Name (Last, First, Middle Initial)
CARLA D ZUNIGA

Mailing Address 2189 N. BEAVER CREEK DRIVE

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.75

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692519

Amount of Each Receipt this Period

20.86

C. Full Name (Last, First, Middle Initial)
CARLA D ZUNIGA

Mailing Address 2189 N. BEAVER CREEK DRIVE

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.61

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692970

Amount of Each Receipt this Period

20.86

SUBTOTAL of Receipts This Page (optional)

77.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 277 / 304

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

J K ZUZICH

Mailing Address 1125 ACORN TRAIL

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP HR People Planning &

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

658.02

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: A2007-1692510

Amount of Each Receipt this Period

35.13

B.

Full Name (Last, First, Middle Initial)

J K ZUZICH

Mailing Address 1125 ACORN TRAIL

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP HR People Planning &

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

693.15

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: A2007-1692961

Amount of Each Receipt this Period

35.13

SUBTOTAL of Receipts This Page (optional)

70.26

TOTAL This Period (last page this line number only)

27776.36

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 278 / 304

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Fifth Third Bank

Mailing Address 346 West Carol Lane

City
Elmhurst

State
IL

Zip Code
60062

Purpose of Disbursement
Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: IL

District:

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B195909

Date of Disbursement

MM / DD / YY
09 / 18 / 2007

Amount of Each Disbursement this Period

141.46

SUBTOTAL of Disbursements This Page (optional)

141.46

TOTAL This Period (last page this line number only)

141.46

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 279 / 304

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Volunteers for Shimkus

Mailing Address 700 12th Street NW Suite 700

City Washington State DC Zip Code 20005

Purpose of Disbursement
P-2008 U.S. House 19 IL

Candidate Name
John M Shimkus

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 19

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B184109

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gary Miller for Congress

Mailing Address 721 S Brea Canyon Road Suite 7

City Diamond Bar State CA Zip Code 91789

Purpose of Disbursement
P-2008 U.S. House 42 CA

Candidate Name
Gary G Miller

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 42

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B184110

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Manzullo for Congress

Mailing Address P.O. Box 16021

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
P-2008 U.S. House 16 IL

Candidate Name
Donald Manzullo

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 16

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B184111

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 280 / 304

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Lungren for Congress

Mailing Address 1203 Portner Road

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
P-2008 U.S. House 03 CA

Candidate Name
Dan Lungren

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 03

Transaction ID: B184112

Date of Disbursement

09 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bilirakis for Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement
P-2008 U.S. House 09 FL

Candidate Name
Bilirakis Gus

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 09

Transaction ID: B184140

Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Davis for Congress

Mailing Address 700 12th Street NW Suite 700

City Washington State DC Zip Code 20005

Purpose of Disbursement
P-2008 U.S. House 04 KY

Candidate Name
Geoff Davis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 04

Transaction ID: B184142

Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 281 / 304

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Friends of Rahm Emanuel

Mailing Address PO Box 101124

City
Chicago

State
IL

Zip Code
60610

Purpose of Disbursement
P-2008 U.S. House 05 IL

Candidate Name
Rahm Emanuel

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 05

Transaction ID: B194754

Date of Disbursement

09 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Manzullo for Congress

Mailing Address PO Box 16021

City
Alexandria

State
VA

Zip Code
22302

Purpose of Disbursement
P-2008 U.S. House 16 IL

Candidate Name
Donald Manzullo

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 16

Transaction ID: B194757

Date of Disbursement

09 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Earl Pomeroy for Congress

Mailing Address PO Box 9336

City
Fargo

State
ND

Zip Code
58106

Purpose of Disbursement
P-2008 U.S. House 01 ND

Candidate Name
Earl Pomeroy

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District: 01

Transaction ID: B194758

Date of Disbursement

09 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Meeks for Congress

Mailing Address 219-10 S. Conduit Ave.

City Springfield Garden State NY Zip Code 11413

Purpose of Disbursement
P-2008 U.S. House 06 NY

Candidate Name
Gregory W Meeks

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 06

Transaction ID: B194760

Date of Disbursement

09 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Property Casualty Insurers PAC

Mailing Address 2600 South River Road

City Des Plaines State IL Zip Code 60018

Purpose of Disbursement
O-2007 Federal PAC US

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

State: IL District:

Not Applicable

Transaction ID: B194941

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Jeff Fortenberry for U.S. Congress

Mailing Address PO Box 30265

City Lincoln State NE Zip Code 68508

Purpose of Disbursement
P-2008 U.S. House 01 NE

Candidate Name
Jeff Fortenberry

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 01

Transaction ID: B194942

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Lee Terry for Congress

Mailing Address P.O. Box 16021

City
Alexandria

State
VA

Zip Code
22302

Purpose of Disbursement
P-2008 U.S. House 02 NE

Candidate Name
Lee R Terry

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 02

Transaction ID: B194943

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Schock for Congress

Mailing Address 1155 21st Street NW #330

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement
P-2008 U.S. House 18 IL

Candidate Name
Aaron Schock

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 18

Transaction ID: B195601

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kirk for Congress

Mailing Address P.O. Box 8

City
Winnetka

State
IL

Zip Code
60093

Purpose of Disbursement
P-2008 U.S. House 10 IL

Candidate Name
Mark S Kirk

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: B195604

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Melissa Bean for Congress

Mailing Address 233 Massachusetts Ave. NE 2nd Flr

City Washington State DC Zip Code 20002

Purpose of Disbursement
P-2008 U.S. House 08 IL

Candidate Name
Melissa Bean

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 08

Transaction ID: B195605

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Melissa Bean for Congress

Mailing Address 233 Massachusetts Ave. NE 2nd Flr.

City Washington State DC Zip Code 20002

Purpose of Disbursement
G-2008 U.S. House 08 IL

Candidate Name
Melissa Bean

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 08

Transaction ID: B195607

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

21500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Lieber for Senate 2012 ID# 1294849

Mailing Address 2005 N. St.

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
P-2012 State Senate 13 CA

Candidate Name
Sally J Lieber

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: B183946

Date of Disbursement

09 / 04 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joe Coto for Assembly 2008 ID#1293534

Mailing Address 1127 11th Street Suite 606

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
P-2008 State House 23 CA

Candidate Name
Joe Coto

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: B183947

Date of Disbursement

09 / 04 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Pat Wiggins 2010 ID# 1295152

Mailing Address 1005 12th Street Suite H

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
P-2010 State Senate 02 CA

Candidate Name
Patricia Wiggins

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 02

Transaction ID: B183948

Date of Disbursement

09 / 04 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Calderon for Assembly 2008 ID# 1292792

Mailing Address 1201 K Street Suite 1280

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
P-2008 State House 58 CA

Candidate Name
Charles M Calderon

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 58

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: B183950

Date of Disbursement

09 / 04 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. The DeLuca for Legislature Cmte

Mailing Address 1438 Homestead Road

City Verona State PA Zip Code 15147

Purpose of Disbursement
G-2008 State House 32 PA

Candidate Name
Anthony M DeLuca

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 32

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: B183991

Date of Disbursement

09 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Joe Scarnati

Mailing Address P.O. Box 177

City Brockway State PA Zip Code 15824

Purpose of Disbursement
G-2008 State Senate 25 PA

Candidate Name
Joseph B Scarnati

Office Sought: ☐ House
☒ Senate
☐ President

State: PA District: 25

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: B183992

Date of Disbursement

09 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Friends of John Pippy

Mailing Address P.O. Box 1183

City
Moon Township

State
PA

Zip Code
15108

Purpose of Disbursement
G-2008 State Senate 37 PA

Candidate Name
John Pippy

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 37

Transaction ID: B183993

Date of Disbursement

09 / 05 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sullivan for Senate

Mailing Address 20 Westwood Drive

City
Biddeford

State
ME

Zip Code
04005

Purpose of Disbursement
P-2008 State Senate 04 ME

Candidate Name
Nancy B Sullivan

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 04

Transaction ID: B184099

Date of Disbursement

09 / 07 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kevin de Leon for Assembly '08 #1494142

Mailing Address 1100 O Street Suite 200

City
Sacramento

State
CA

Zip Code
95814

Purpose of Disbursement
P-2008 State House 45 CA

Candidate Name
Kevin de Leon

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 45

Transaction ID: B184108

Date of Disbursement

09 / 07 / 2007

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Mike Gipson for Assembly ID#1299769

Mailing Address PO Box 19582

City Sacramento State CA Zip Code 95819

Purpose of Disbursement
O-2007 State House 55 CA

Candidate Name
Mike A Gipson

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 55

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼
Special

Transaction ID: B184125

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jimmy Bales Campaign Committee

Mailing Address 1515 Crossing Creek Road

City Eastover State SC Zip Code 29044

Purpose of Disbursement
P-2008 State House 80 SC

Candidate Name
Jimmy Bales

Office Sought: ☒ House
☐ Senate
☐ President

State: SC District: 80

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B194537

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Harry Cato Campaign Committee

Mailing Address P.O. Box 223

City Travelers Rest State SC Zip Code 29690

Purpose of Disbursement
P-2008 State House 17 SC

Candidate Name
Harry F Cato

Office Sought: ☒ House
☐ Senate
☐ President

State: SC District: 17

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B194538

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Tom Dantzler Campaign Committee

Mailing Address 208 Middleton Drive

City State Zip Code
Goose Creek SC 29445

Purpose of Disbursement
P-2008 State House 117 SC

Candidate Name
Tom Dantzler

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 11

Transaction ID: B194539

Date of Disbursement

09 / 13 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Nikki Haley Campaign Committee

Mailing Address P.O. Box 47

City State Zip Code
Lexington SC 29071

Purpose of Disbursement
P-2008 State House 87 SC

Candidate Name
Nikki Haley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 87

Transaction ID: B194540

Date of Disbursement

09 / 13 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Bobby Harrell Campaign Committee

Mailing Address 8316 Rivers Ave.

City State Zip Code
Charleston SC 29406

Purpose of Disbursement
P-2008 State House 114 SC

Candidate Name
Robert W Harrell

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 11

Transaction ID: B194541

Date of Disbursement

09 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Bob Leach Campaign Committee

Mailing Address PO Box 25503

City Greenville State SC Zip Code 29616

Purpose of Disbursement
P-2008 State House 21 SC

Candidate Name
Bob Leach

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 21

Transaction ID: B194542

Date of Disbursement

09 / 13 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert S. Perry Jr. Campaign Cmte.

Mailing Address PO Box 702

City Aiken State SC Zip Code 29802

Purpose of Disbursement
P-2008 State House 81 SC

Candidate Name
Robert S Perry Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 81

Transaction ID: B194543

Date of Disbursement

09 / 13 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ronnie Cromer Campaign Committee

Mailing Address P.O. Box 378

City Prosperity State SC Zip Code 29127

Purpose of Disbursement
P-2008 State Senate 18 SC

Candidate Name
Ronnie W Cromer

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 18

Transaction ID: B194544

Date of Disbursement

09 / 13 / 2007

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Robert Hayes Campaign Committee

Mailing Address 1486 Cureton Dr.

City State Zip Code
Rock Hill SC 29732

Purpose of Disbursement
P-2008 State Senate 15 SC

Candidate Name
Robert Wes Hayes

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 15

Transaction ID: B194545

Date of Disbursement

09 / 13 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Davis for Assembly 2008 ID# 1296263

Mailing Address 1118 Parkview Drive

City State Zip Code
Roseville CA 95661

Purpose of Disbursement
P-2008 State House 48 CA

Candidate Name
Mike Davis

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 48

Transaction ID: B194749

Date of Disbursement

09 / 17 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends to Re-Elect Curren Price ID#930094

Mailing Address 1118 Parkview Drive

City State Zip Code
Roseville CA 95661

Purpose of Disbursement
P-2008 State House 51 CA

Candidate Name
Curren Price

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 51

Transaction ID: B194750

Date of Disbursement

09 / 17 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4250.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Swanson for Assembly 2008 ID# 1296938

Mailing Address 1118 Parkview Drive

City Roseville State CA Zip Code 95661

Purpose of Disbursement
P-2008 State House 16 CACandidate Name
Sandre Swanson011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 16

Transaction ID: B194752

Date of Disbursement

M M / D D / Y Y Y Y
09 / 17 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Fraser for Texas Senate

Mailing Address P.O. Box 13243

City Austin State TX Zip Code 78711

Purpose of Disbursement
G-2008 State Senate 24 TXCandidate Name
Troy Fraser011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 24

Transaction ID: B194753

Date of Disbursement

M M / D D / Y Y Y Y
09 / 17 / 2007

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Coto for Assembly 2008 ID#1293534

Mailing Address 1201 K Street Suite 1820

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
P-2008 State House 23 CACandidate Name
Joe Coto011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: B194958

Date of Disbursement

M M / D D / Y Y Y Y
09 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Christine Radogno

Mailing Address 410 Main Street Suite B

City Lemont State IL Zip Code 60439

Purpose of Disbursement
G-2008 State Senate 41 IL

Candidate Name
Christine Radogno

Office Sought: ☐ House
☒ Senate
☐ President

State: IL District: 41

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: B194999

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Anthony Portantino ID# 1292690

Mailing Address 1127 11th Street Suite 505

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
P-2008 State House 44 CA

Candidate Name
Anthony Portantino

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 44

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B195212

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kansas Republican Senatorial Cmte

Mailing Address P.O. Box 2663

City Topeka State KS Zip Code 66601

Purpose of Disbursement
O-2007 State Party Cmte KS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: KS District:

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B195581

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Brownlee for Senate

Mailing Address 14725 South Chalet Drive

City Olathe State KS Zip Code 66062

Purpose of Disbursement
P-2008 State Senate 23 KS

Candidate Name
Karin Brownlee

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 23

Transaction ID: B195582

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stephen R. Morris for Senate Cmte.

Mailing Address PO Box 415

City Hugoton State KS Zip Code 67951

Purpose of Disbursement
P-2008 State Senate 39 KS

Candidate Name
Stephen (Steve) R Morris

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 39

Transaction ID: B195583

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kansans for Derek Schmidt

Mailing Address P.O. Box 747

City Independence State KS Zip Code 67301

Purpose of Disbursement
P-2008 State Senate 15 KS

Candidate Name
Derek Schmidt

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 15

Transaction ID: B195585

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Vicki Schmidt for State Senate

Mailing Address 2619 SW Randolph Court

City State Zip Code
Topeka KS 66611

Purpose of Disbursement
P-2008 State Senate 20 KS

Candidate Name
Vickie Schmidt

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 20

Transaction ID: B195586

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ruth Teichman for State Senate

Mailing Address 434 East Old Highway 50

City State Zip Code
Stafford KS 67578

Purpose of Disbursement
P-2008 State Senate 33 KS

Candidate Name
Ruth Teichman

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 33

Transaction ID: B195587

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. John Vratil for State Senate

Mailing Address 9534 Lee Boulevard

City State Zip Code
Leawood KS 66206

Purpose of Disbursement
P-2008 State Senate 11 KS

Candidate Name
John L Vratil

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 11

Transaction ID: B195588

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Committee to Elect David Wysong

Mailing Address 6630 Indian Lane

City Mission Hills State KS Zip Code 66208

Purpose of Disbursement
P-2008 State Senate 07 KS

Candidate Name
David Wysong

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 07

Transaction ID: B195589

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Aurand for State Representative

Mailing Address 2136 30 Road

City Courtland State KS Zip Code 66939

Purpose of Disbursement
P-2008 State House 109 KS

Candidate Name
Clay Aurand

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 10

Transaction ID: B195590

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Brown for State Representative

Mailing Address 1229 Acorn Street

City Eudora State KS Zip Code 66025

Purpose of Disbursement
P-2008 State House 38 KS

Candidate Name
Anthony R. Brown

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 38

Transaction ID: B195591

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

700.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Brunk for State Representative

Mailing Address 4430 Janesville Street

City State Zip Code
Bel Aire KS 67220Purpose of Disbursement
P-2008 State House 85 KSCandidate Name
Steve Brunk011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 85

Transaction ID: B195592

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	7

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Donald L. Dahl Campaign

Mailing Address 205 South Wilson

City State Zip Code
Hillsboro KS 67063Purpose of Disbursement
P-2008 State House 70 KS

Candidate Name

011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 70

Transaction ID: B195593

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	7

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Faber for House of Representatives

Mailing Address Highway Contract Route 2 Box 130

City State Zip Code
Brewster KS 67732Purpose of Disbursement
P-2008 State House 120 KSCandidate Name
John Faber011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 12

Transaction ID: B195596

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	7

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Merrick for State Representative

Mailing Address 6874 West 164th Terrace

City Stilwell State KS Zip Code 66085

Purpose of Disbursement
P-2008 State House 27 KS

Candidate Name
Ray Merrick

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 27

Transaction ID: B195597

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Neufeld for Representative

Mailing Address 7405 15 Road

City Ingalls State KS Zip Code 67853

Purpose of Disbursement
P-2008 State House 115 KS

Candidate Name
Melvin J Neufeld

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 11

Transaction ID: B195598

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Peck for Kansas Representative

Mailing Address PO Box 277

City Tyro State KS Zip Code 67364

Purpose of Disbursement
P-2008 State House 11 KS

Candidate Name
Virgil Peck

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 11

Transaction ID: B195599

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

700.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 299 / 304

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Shultz for State Representative

Mailing Address 707 Washington Circle

City Lindsborg State KS Zip Code 67456

Purpose of Disbursement
P-2008 State House 73 KSCandidate Name
Clark Shultz011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 73

Transaction ID: B195600

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	7

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Yee for Senate ID# 1294887

Mailing Address 1201 K Street Suite 1960

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
P-2010 State Senate 08 CACandidate Name
Leland Yee011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 08

Transaction ID: B195720

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	7

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Padilla for Senate ID#1292700

Mailing Address 1201 K Street

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
P-2010 State Senate 20 CACandidate Name
Alex Padilla011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 20

Transaction ID: B195721

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	7

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Tom Harman for Senate '08 ID#1277569

Mailing Address 1201 K Street Suite 1960

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
P-2008 State Senate 35 CA

Candidate Name
Tom Harman

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 35

Transaction ID: B195722

Date of Disbursement

09 / 29 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Tom Carlson for Legislature

Mailing Address 1112 Brown Street

City Holdrege State NE Zip Code 68949

Purpose of Disbursement
P-2010 State Senate 38 NE

Candidate Name
Tom Carlson

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 38

Transaction ID: B195723

Date of Disbursement

09 / 29 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ernie Chambers for Legislature

Mailing Address 3116 North 24th Street

City Omaha State NE Zip Code 68110

Purpose of Disbursement
P-2008 State Senate 11 NE

Candidate Name
Ernie Chambers

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 11

Transaction ID: B195724

Date of Disbursement

09 / 29 / 2007

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 301 / 304

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Mark Christensen for Legislature

Mailing Address 138 Yucca Drive

City
Imperial

State
NE

Zip Code
69033

Purpose of Disbursement
P-2010 State Senate 44 NE

011

Category/
Type

Candidate Name
Mark Christensen

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 44

Transaction ID: B195725

Date of Disbursement

09 / 29 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Friends for Abbie Cornett

Mailing Address PO Box 73

City
Bellevue

State
NE

Zip Code
68005

Purpose of Disbursement
P-2008 State Senate 45 NE

011

Category/
Type

Candidate Name
Abbie Cornett

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 45

Transaction ID: B195726

Date of Disbursement

09 / 29 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Cmte to Elect Leo Pat Engel

Mailing Address 401 East 31st Street

City
South Sioux City

State
NE

Zip Code
68776

Purpose of Disbursement
P-2008 State Senate 17 NE

011

Category/
Type

Candidate Name
Pat Engel

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 17

Transaction ID: B195727

Date of Disbursement

09 / 29 / 2007

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Mike Flood for Legislature

Mailing Address 105 South 2nd Street

City Norfolk State NE Zip Code 68701

Purpose of Disbursement
P-2008 State Senate 19 NE

Candidate Name
Mike Flood

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 19

Transaction ID: B195728

Date of Disbursement

09 / 29 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Langemeier for Legislature

Mailing Address 408 Elk Street

City Schuyler State NE Zip Code 68661

Purpose of Disbursement
P-2008 State Senate 23 NE

Candidate Name
Chris Langemeier

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 23

Transaction ID: B195729

Date of Disbursement

09 / 29 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard Pahls State Legislature

Mailing Address 16550 Dorcas Street

City Omaha State NE Zip Code 68130

Purpose of Disbursement
P-2008 State Senate 31 NE

Candidate Name
Rich Pahls

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 31

Transaction ID: B195730

Date of Disbursement

09 / 29 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 303 / 304

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Pankonin for Legislature

Mailing Address PO Box 106

City
Louisville

State
NE

Zip Code
68037

Purpose of Disbursement
P-2010 State Senate 2 NE

Candidate Name
Dave Pankonin

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 2

Transaction ID: B195731

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. White for Legislature

Mailing Address 2517 North 55th Street

City
Omaha

State
NE

Zip Code
68509

Purpose of Disbursement
P-2010 State Senate 8 NE

Candidate Name
Thomas White

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 8

Transaction ID: B195732

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

32250.00

Form/Schedule: **SA11A1**

Transaction ID:

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.